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ORIGINAL DEPARTMENT.

LECTURE.

INFLAMMATION AND TUBERCLE.

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GENTLEMEN: The relations existing between inflammation and tubercle long ago attracted the attention of physicians, but it was only towards the commencement of this century that the researches of Bayle and the celebrated discussion between Laënnec and Broussais attracted particular attention to the subject.

Laënnec held that tubercle is never a product of inflammation.

Putting aside all metaphysical reasonings and judging from clinical experience alone, he found that pneumonia, catarrhal bronchitis, or pleurisy, very rarely engendered cheesy deposits in the lung substance; and where tubercles are found in such cases, it is evident to the observer that they existed anteriorly to the inflammatory lesions.

The same holds true for pleurisy and bronchial catarrh; a "neglected cold" is not apt, any more than a pleurisy, to degenerate into phthisis. In the first place, people often become tuberculous, without suffering anteriorly from pleurisy or catarrh; while on the other hand, there are many who "catch cold" or have an attack of pleurisy on very slight variations of the weather without ever becoming tuberculous. Again, where catarrh and pleurisy are found coexistent with tuberculosis, it will be found that the two first are but the apparent symptoms of a phthisis up to that moment latent.

Such were the opinions of Laënnec, and they were not much shaken by the contrary affirmations brought forward by Broussais, the great champion of inflammation.

Nevertheless, Andral was of the opinion that in certain cases, inflammation is a prelude to tuberculosis, and Cruveilhier is more explicit, declaring the nodule to be "the product of a peculiar and special mode of inflammation."

Outside of France the opinions of Broussais found defenders. Graves declares against the too absolute doctrine of Laënnec: "Bronchial catarrh and acute pneumonia de frigore have a direct and powerful influence on the development of tuberculosis; * * * an attack of common bronchitis may become in a scrofulous subject the starting point of phthisis."

In 1850, Reinhart attempted to prove that the tuberculous disease is but a form of inflammation—a true chronic pneumonia.

It was at this epoch that Virchow abruptly restricted the domain of tuberculosis, by rejecting the degenerated masses of pulmonary tissue, considered by Laënnec to be composed of infiltrated tubercles, and regarding them solely as the vestiges of former inflammatory changes.

The true tubercle for Virchow is the grey granulation, which has no point of connection with cheesy hepatization. Niemeyer still further accentuates the dogma of the double origin of phthisis; the one, of inflammatory nature, cheesy pneumonia; the other, of an essentially tuberculous nature, consecutive to the ulceration of the gray granulations of Virchow.

This doctrine did not long hold sway. The works of Grancher, Thaon, and Charcot, have

done much to aid in the elaboration of the theory at present generally accepted.

Cheesy infiltration, the grey granulation, and the miliary tubercle, are but different forms of the same morbid processes, due to the diverse forms of grouping (groupement) of the embryonic tuberculous tissue. The seat, origin and nature of this tissue are identical in infiltrated tuberculosis and in the grey granulation.

Again, the connections existing between tuberculosis and inflammation are considered to be very close.

Tuberculosis becomes a specific form of inflammation, taking its special characteristics as much from the constitution in which it is developed—scrofulous, cachectic or worn-out—as from the primary cause of its evolution, the parasite described by Koch, whose natural history is as yet incomplete.

Histology demonstrates that the development of the granulation reproduces the principal phenomena of experimental inflammation. There is first observed an accumulation of small round cells which originate from escaped leucocytes and from the proliferation of the fixed cells of the tissue; then vessels appear in this mass of embryonic tissue by budding out (*bourgeoisement*) from the adjacent capillaries or by the evolution of vaso-formater elements. Does not the nodule thus described, with its young cells, its vessels and intercellular substance, bear a singular resemblance to the common fleshy granulation, present in ordinary inflammation?

But here the resemblance ceases; the specific tubercular inflammation possesses as peculiarities, its nodular form, tendency to cheesy degeneration, the narrow connection it affects with the glandular ducts and vessels, and as a final peculiarity its causation, which for a number of observers is the presence of a special germ or microbe. But, unfortunately, these characteristic signs, though often present, are not constant. First, as regards the nodular form; it exists habitually, but frequently a zone of newly-formed cells invading the neighboring tissues is found about it. If this zone becomes extensive and invades an entire region, we will have the infiltrated tuberculosis of Laënnec confounded by the German school with the products of ordinary inflammation. In truth, it is often difficult to determine the exact boundary between the granulation and the peripheric irritation it produces. And have we not the more voluminous masses described by Grancher and Charcot, which present, whatever their size, "the fundamental characters of the isolated granula-

tion, a cheesy centre and a peripheric zone of embryonic tissue."

The tendency to cheesy degeneration is not absolutely a special characteristic. MM. Cornil and Ranvier assert that this change may survene in the products of ordinary inflammation. It is certainly observed in syphilis, where the resemblance between the gumma and tuberculous nodule is so marked, that certain histologists proclaim the identity of the two neoplasms. As regards the grouping of the embryonic cells about the vessels and glandular ducts, it is remarkable at this point of view, but not sufficiently decisive, for the pulmonary nodules in glanders are also peribronchic and perivascular.

It will thus be seen that no single one of the characteristic signs of tubercle, when present alone, is sufficient for diagnosis. It will, however, generally be found, as proven in the researches of M. Malassez, that the situation of the masses of cells, their peculiar connections with the different elements of the tissues about them, taken in connection with their clinical evolution, will suffice to form an accurate diagnosis.

Nevertheless, the existence of a special bacillus, susceptible of culture outside the organism, each successive generation capable of reproducing the primitive disease, would become the essential characteristic of the disease if the fact itself were absolutely demonstrated.

In 1865, Villemén made the first experiments in this direction; he inoculated animals with the products of cheesy degeneration, and they became tuberculous; Chauveau repeated the same experiments on animals in whom the granulation is not developed spontaneously.

And, as the opponents of the doctrine of the infectious nature of the tubercular disease asserted that the traumatism was the cause of the development of granulations in the animals inoculated, he provoked infection by the intestinal absorption of the tuberculous matters.

Later on, M. H. Martin, in his remarkable researches, demonstrated the difference between the embryonic masses, of tubercular origin, and the analogous accumulations determined by ordinary inflammation. Both varieties provoked, on inoculation, the appearance of apparently identical nodular masses. But those originating from the inoculation of non-tuberculous matter, soon lose all activity, and when inoculated a second time provoke very slight tissue proliferation.

On the other hand, those primarily of tuberculous nature, conserve indefinitely their original powers.

Koch has gone still further; he has attempted for tuberculosis what Pasteur has done for charbon, and Bouchard for glanders or farcy. He has demonstrated the existence of a special element, a bacillus which abounds in the cheesy nodules found in the lungs, spleen and liver of phthisical patients. He has isolated this bacillus by successive cultures, and its inoculation has provoked tuberculosis in animals up to that period, indemn of the disease.

From this rapid study, it appears that tuberculosis is a disease of inflammatory nature.

Clinical experience confirms this doctrine; Andral and Grisolle, and, later on, Charcot, have observed fever survene as the first sign of tuberculosis. Wunderlich generalizes this fact and asserts: "That tuberculosis always gives rise to modifications of temperature allowing of accurate diagnosis before the appearance of any other sign of the disease."

The nodule or agglomerated nodules resulting from tubercular inflammation become ordinarily the point of departure or focus of a new inflammatory process. The cheesy deposit acts as a thorn; it induces irritation of variable intensity, the neighboring tissues react, and the embryonic cells appear. By the side of tubercular inflammation, it is then necessary to consider the peri-tubercular inflammation provoked about the tubercular masses, which is often of the greatest clinical importance.

In surgery, this form of peri-tubercular inflammation has become of much less importance since the researches of Lannelongue have demonstrated that most forms of chronic or cold abscess or of puriform collections originating from diseased bone, are due to the liquefaction of tuberculous deposits, and not to the peri-tubercular inflammation developed about these deposits.

Nevertheless, it cannot be doubted that the tuberculous nodule frequently provokes either acute or chronic inflammation in the surrounding tissues. This can be well studied, and its progress watched in the male genital organs. The epididymis may contain for a long period a cheesy nodule with well-determined limits. Suddenly, however, intense inflammatory symptoms survene, affecting the entire gland; they gradually become less intense, the swelling disappears, and examination shows the testicle in a healthy condition, the epididymis soft, except at the one point whence the inflammation primarily originated. Should this not be considered as a simple peri-tubercular inflammation, since it entirely disappeared without leaving tuberculous nodules?

And the same may be said of tuberculous disease of the tongue.

In 1872 we observed a case, reported later by Féréal, where a large and deep tuberculous ulcer of the tongue was accompanied by enormous tumefaction and general inflammation of the organ, and where the purple redness and congestion, together with intense pain, led to the belief that the organ was much more diseased than the autopsy proved it to be.

And, again, we may consider the tuberculous abscesses of the anal region. Certainly fistulae are often formed without intense reaction.

We have observed a case where an operation for a long and sinuous fistula was followed by the formation of small secondary fistulae which appeared five different times during the progress of the case. An ulceration formed at the root of a hair, and very soon extended under the skin to open into another similarly formed. But such is not the habitual course in anal abscess. Generally the tuberculous deposit is evacuated after having provoked in the ischio-rectal fossa extensive suppuration and wide-reaching sinuses.

Peri-tubercular inflammation may become chronic. In another lecture we have particularly insisted on periorchitis and periepididymitis of tubercular origin. "Newly-formed connective tissue has a large part in the augmentation in volume of the epididymis. We have found in necroscopic examinations the entire organ surrounded by a fibrous covering or shell from four to six millimeters in thickness, hard and resisting, and particularly adherent at the tail of the organ. At its most excentric parts this covering is composed of true fibrous tissue, but towards its centre it becomes lardaceous, similar to the tissues of chronic white swelling.

We desire particularly to insist on this form of epididymitis, which has not received sufficient attention at the hands of practitioners. In a case observed recently, of all the primitive lesions there remained nothing but this fibrous shell, which has remained in the same state, indolent and not augmenting in volume, for the past five years. We have recently made the autopsy of an individual who died of cancerous disease of the liver, and who suffered previously from a scrotal fistula of tuberculous origin. The epididymis contained a small excavation surrounded by a thick shell of fibroid tissue, which had led to the belief that there existed a cheesy mass in state of activity.

Do not these forms of acute and chronic inflammation recall those found in the lungs, and so

well described by M. Hanot?—acute pneumonia in all its forms, and chronic pneumonia and its fibroid productions? We can push the similitude farther. Tuberculous orchitis provokes in the vaginal serous coat the same lesions that the cheesy masses in the lung provoke in the pleura. Just as we have pleurisy with plastic exudation, so the same may occur in the tunica vaginalis, and in a similar manner liquid effusion may be provoked in this latter serous membrane, as in the pleura.

It has generally been observed, however, that in the tunica vaginalis there is a tendency to a mixed form; at some points the two layers of the serous membrane are adherent through plastic exudation on their surfaces, while at others they are separated by liquid effusion; while here and there exist secondary cavities, separated by membranous tissues of neo-formation, and traversed by fibrous masses resembling the muscoli papillares of the heart.

Tuberculosis, an inflammatory process itself, may then become the cause of inflammation in neighboring tissues. On the other hand, clinical experience demonstrates that inflammation often precedes and provokes tuberculosis.

So that there are cases where the course of the disease may be resumed as follows: first, pre-tubercular inflammation followed by the usual forms of tuberculous inflammation, ending finally in peri-tubercular or post-tubercular inflammation.

We must separate facts from theories. The clinical existence of pretubercular inflammation, denied by Laënnec, is incontestible. But the theories are as yet obscure.

For many observers, "Tuberculosis is simply a form of suppuration occurring in scrofulous suppuration occurring in scrofulous subjects; any common form of irritation, exercised on or affecting the enfeebled tissues of cachectic or over-worked individuals, would provoke at first the ordinary phenomena of cell segmentation or migration of leucocytes. But these products are not capable of arriving at complete organization, and the aborted mass is destined to cheesy degeneration.

It is for this reason that gummata are formed with such facility in syphilitic individuals; they are in a cachectic condition, and the tissues of gumma are almost identical with the tuberculous nodule.

For other observers, the inert germs circulating with blood, escape through some traumatic lesion or at some point where an inflammatory process is going on; and if the organism is in a cachectic

condition, and not able to defend itself, the germs soon multiply, and tuberculous tumor is formed. Such is the theory held by M. Verneuil, which he considers also applicable to the escape of echinocci, from the vessels, and the subsequent formation of hydatid cysts. The recent experiments of Max Schuller would seem to confirm M. Verneuil's opinion. He injected into the bronchial tubes of dogs and rabbits tubercular masses from the expectoration of phthisical patients, and small particles of degenerated lung tissue; at the same time he produced a contusion of the knee-joint in the same animals.

Or, the arthritis, which subsequently developed, was characterized "by the presence in the synovial membrane of fusiform and star-shaped cells, having in the centre a giant cell with multiple nucleoli. Nothing similar was developed in cases of simple traumatism several times repeated."

Bacilli deposited directly in the joints produce tubercular lesions exactly similar to those produced in the first experiments; while the injections of diverse substances determine simple or purulent, but never tuberculous arthritis.

Whatever the theory, there is no longer any doubt that we meet frequently with examples of tuberculosis of inflammatory or traumatic origin.

This may occur in any organ. Cruveilhier mentions the case of an individual having an inguinal hernia on each side, in whom "the sac and the displaced portions of the mesentery were alone covered with transparent granulations." Brissaud observed a similar case where the prolapsed intestine and the neck of the sac were alone the seat of abundant tuberculous infiltration, the remainder of the peritoneal cavity being indemn.

Tubercular peritonitis is sometimes induced by violent traumatic lesions.

Broussais cites a case where it was induced by the kick of a horse, and M. Marchaud has reported a similar case. Sometimes a tuberculous ulceration of the tongue is provoked by the irritation of a jagged tooth. We have observed an anal fistula of tuberculous nature induced by the irritation of a hemorrhoid.

The influence of traumatic lesions or of casual inflammation in the development of tuberculosis of the genital organs is incontestible. Fossard, Berand, and Desprès have reported cases similar to our own—among others, the case of an individual of robust appearance, who had intense orchitis after receiving a violent blow on the scrotum; there was at first intense pain, and imme-

diate swelling, which did not disappear; then ensued a series of abscesses; after about a year castration was performed, and all the lesions of genital tuberculosis were found.

As regards the articulations, we have observed at the Hop. Ste. Eugenie several cases of tubercular osteo-arthritis of traumatic origin. Brissaud has reported a very remarkable example. Verneuil and Ch. Leroux have remarked several cases of tubercular synovitis following sprains. Finally, Kiener, in a recent memoir, confirms this opinion: "Tuberculosis of bone tissue and of the articulations have frequently for causation some traumatic lesion."

Even as regards the lungs there have been cases reported (Denucé, Skolenski) where traumatism were the primary factors in the development of the tubercular disease.

Such are the narrow connections existing between tuberculosis and inflammation. All we have said in our development of the subject may be resumed in the following phrase: Tuberculosis is a specific form of inflammation, often preceded, accompanied, or followed by ordinary inflammation provoked by it, or acting as its own original cause.

COMMUNICATIONS.

A REPORT OF A CASE READ BEFORE THE VENANGO COUNTY MEDICAL SOCIETY, APRIL 17, 1883.

BY T. C. McCULLOCH, M. D.,
Of Oil City.*

"Some doctors write too much, others write too little." To which class I belong the reader must determine.

On the 11th day of May last I was called to see a young lawyer, age 28. He was seated at a desk in his father's library, busily engaged writing letters to his friends, giving them what he called a "Statement," which he gave to me as follows:

On the day of the assassination of President Garfield, whilst talking on the subject, he made a remark which caused the people to believe he was a sympathizer of Guiteau; that he intended to come out publicly and deny it, but had failed to do so; that he had not the courage at the time; that he was no sympathizer of Guiteau, but as he had failed to deny it he was guilty; that it was now too late; that the people believed him guilty.

*By resolution the Society requested its publication in the MEDICAL AND SURGICAL REPORTER, of Philadelphia.

He believed the streets were full of people; that an angry mob was clamoring for his blood; that arrangements had been made to hang him; remarking frequently with wringing hands and agonizing looks, "Oh, if I had only come out at the time and denied it, but it is now too late! I am guilty! I am guilty!" "I want to make a statement, and then I am willing to be executed!"

This strange hallucination had taken full possession of his brain, and no reasoning on my part or that of his friends could induce him to drop the idea for a moment. No other thought, no other consideration, could get a foothold in his disturbed brain. In reality he was suffering all the agony of a man condemned to be hung, and about to be hurried to execution by an infuriated mob.

In this frenzied condition I found my patient. Very little could be learned as to his immediate previous condition, as he had been away from home for several months.

Something must be done. Dr. J. A. Ritchey and Dr. F. F. Davis were called as counsel. Two plans of treatment were suggested and strongly urged to meet the emergency. One was to give him a sufficient quantity of whisky to make him drunk, and put him to sleep. The other was to give him hypodermic injections of morphia, to produce the same result. The whisky treatment was adopted, and as the patient was a total abstinence man, it was thought it would take less to produce the desired effect. Gave him one pint of old rye whisky in the first twelve hours, which did not produce sleep, but had the effect to make him more boisterous and determined to make his "statement" to the public, and suffer the only penalty as he thought for his sin, and that was death.

Hypodermic injections of morphia were next given, $\frac{1}{4}$ grain doses injected every two or three hours until $1\frac{1}{4}$ grains had been given.

This had the effect to make him sleep, but he would wake up at short intervals and commence the same "statement" of his guilt in the Guiteau tragedy. He was now more calm and less persistent in his determination to get out and make his "statement" before the public.

Gave him 40 grains of bromide of potash every three hours until he had taken 320 grains. June 14, slept well all night, either from exhaustion or the effect of bromide. June 15, reduced the bromide to 20 grains every four hours. June 16, rested pretty well through the night. Talked less, but what he had to say was on the same old subject.

During these five days he could not be prevailed upon to take any food of any kind; but

he never refused to take his medicine. In the midst of his harangues, he would stop and take his medicine. But now he commenced to feel the cravings of the stomach. He would eat a few bites hurriedly, as if it was a loss of time.

I now suggested to the family the propriety of sending him to an asylum, which was objected to for various reasons, being well able to provide for him at home, with plenty of house-room and ample means to procure for him the best medical skill that could be had. I then insisted upon some expert on insanity seeing him at once, to have his opinion as to the best course to be pursued. Dr. Curwen, Medical Director of the Warren Asylum, was sent for, but for some reason failed to come.

A large room on the second story was prepared, and two trusty nurses employed. Everything with which he could do himself harm was removed; windows fastened below; room ventilated from above. He was closely watched by the nurses, not left alone for a moment night or day.

I will not tax the patience of my readers by giving a detailed history of the treatment, which consisted more in management than medication. However, he was kept on nervous sedatives; his bowels kept regular; occasionally quinine and iron. The bromide of potash was continued right along, which appeared to do him more good than anything else.

Every effort was made to divert his mind from his hallucination. He was a good musician, played well upon the piano. He was induced to play and sing, which he would do without making any mistakes; but in order to save time, he would always make his performances short, and get at his all-important "statement."

But he was gradually becoming less persistent in his ideas, and would allow himself to be reasoned with, and by times would come to the conclusion that it was a delusion, and would say so. But in a very short time, his mind would be running in the same circle.

He was driven out to the country in a carriage for short rides, but was continually kept under the eye of his attendants.

About the end of the third week he was so far recovered that he was taken to the family's country residence, and remained there for ten days, during which time he was permitted to drive around in a buggy by himself, and transact business for the family living on the farm, seeming to all to have entirely recovered.

But on the eleventh of June, just one month from the first attack, he was taken worse, and

was brought back to the city. I saw him same day. He was nervous, excitable; very little disturbance of the circulation; temperature normal. His hallucination now took in a wider range, although referring occasionally to his Guiteau trouble. But he was harassed about other matters, some of them happening years ago, and of the most trifling nature, one of which I will refer to: A lady friend of his was visiting in the city, and on the day of her departure for home he accompanied her to the train, got her a seat in the car, was engaged in conversation with her, and the train moved out of the depot. In his hurry to get off, he forgot to bid her good-bye, which, to him, was an unpardonable breach of good manners, and he insisted on going at once to New York to apologize, although it had happened over one year ago.

The follies of his youth, the mistakes of his life of the most trifling character, were magnified into great crimes. Lost opportunities for doing good and being a useful member of society, and being a help and honor to his father and mother, gave him agonizing thoughts, from which, to him, there was no way to escape. Self-destruction was the only way he could see out of his troubles.

How intricate the machinery of the human brain, and how wonderful the manifestations and power it exerts over the whole economy, especially when disturbed and unbalanced!

About the same course of treatment and management as before; the patient being closely watched, he gradually improved.

Dr. Snowden, of Franklin, saw the case with me about this time, who fully endorsed the treatment, and gave some valuable suggestions in regard to his management, insisting upon the constant vigilant watching and not allowing him to be alone for a moment, for fear he would do harm to himself or some one else.

I was very much surprised one morning on visiting my patient to find him under a new administration—a *medicine man* of the "eclectic type" had full charge, under the assurance of speedy and complete cure.

The nurse was busy putting him through a course of rubbing with some kind of ointment. I asked what that was for. He said it was to make it break out. I never inquired whether it had the desired effect or not.

On the morning of the first of July I was summoned in great haste to see the patient, who, I was informed, had jumped through the window and was dying. Found him lying in his room on the floor, where they had carried him. From his

nurse I obtained the following history: There was nothing unusual in his condition; had slept pretty well through the night, considering he was taking medicine at regular intervals. At six o'clock he got up to give him a dose. "Whilst preparing his medicine, with my back to him, I heard a crash, turned round, and saw him go through the window."

He evidently had jumped to his feet in bed, then plunged through the glass head foremost, which was a large light, $\frac{1}{4}$ -inch plate. He fell about twenty feet, landing upon a cut-stone pavement, striking on his hands and knees, then pitching forward on his forehead and face. He had received the following injuries, viz.:

Transverse fracture of both patellas, Collee's fractures of both wrists, the right one compound, the head of ulna protruding through the wound. He received quite a number of wounds from the broken glass, one across the chin, another on the left side of the neck, another crossing the left clavicle, another through the eyebrow, extending across the eye, severing the lid and slightly wounding the ball near the inner canthus. The skin was lacerated and torn from his forehead and face. In the fracture of the left patella there was no displacement, owing to the tendon being cut off above the upper fragment. Through this wound I could pass my finger under the patella, and move the upper fragment. The upper fragment of the right patella was misplaced some three inches.

Insensible; involuntary discharge of urine; face swollen and disfigured; blood all over, and, as the Irishman would say, looked like he was "kilt intirely"—but not so.

His wounds were dressed and fractures adjusted, by putting his legs on Day's patella splints, with adhesive plasters, compresses, and bandages. The Collee's fractures were dressed with Day's pistol-shaped splints, well padded and lined with oil silk. He was placed upon a hair mattress, and a lotion of Gonlard extract of lead and laudanum applied to his wounds. Consciousness returned, and with the exception of having to catheterize my patient for some time, he got along without a bad symptom. Flesh wound healed by the first intention, "dried up;" never had a particle of suppuration; slept well, nonrished well, and was perfectly rational. Fractures united nicely; never complained of suffering any pain, lay on his back most of the time, but sometimes he would roll over on his side, throwing his splinted limbs over as if there was nothing the matter with them; and the greater part of the

time after first few days he fed himself, using the spoon or fork between the thumb and fingers of his splinted hands.

A little over three weeks, July 24, again I was called to his bedside in great haste. Was told he was dying. Found him perfectly comatose, head drawn back and buried in the pillow, stertorous breathing, pupils dilated, pulse slow. I recognized now I had some brain lesion to contend with, which perhaps had been going on all the time since the accident, and now from some cause had developed into hemorrhage or effusion, producing compression.

Cold to the head, and warmth to the extremities, stimulating injections per anum, composed the treatment. For five days my patient lay in this comatose condition, surrounded by anxious friends expecting to see him breathe his last every hour.

On the third day from this departure, his temperature ran up to $105\frac{1}{2}^{\circ}$, circulation under 100, respiration slow. He was pronounced moribund by one of the physicians who saw him, who emphatically stated to the family that he could not live six hours.

But I could not believe that a patient that had gone through what he had would die without a struggle. His mental faculties had been racked and tortured for weeks; his bones broken; his body had been lacerated and bruised. That his mental faculties had been restored; his wounds, bruises, and broken bones had been healed by the recuperative powers of nature; that the same power that absorbed and healed his wounds and united his fractures, would presently relieve his compressed brain.

Croton oil was administered in one-drop doses every hour until five drops were taken, which had the effect to produce active violent catharsis, which kept up for twelve hours, which, I believe, had a happy effect.

On the morning of the 30th of July—six days from the attack—his temperature was normal; pulse 76. Consciousness commenced to return, and on July 31 recognized every one in his room. From that day on he gradually recovered, his head remaining in an opisthotonic condition for some length of time. But gradually, by the repeated use of blisters and iodine, he "set up," and in a short time my patient "got up" and walked off.

In the early part of September, he walked with perfect freedom. His fractured arms had united without any deformity. His left fractured patella had united with bony union, as far as I was able to judge, there being no separation of the

fragments. The right patella united with ligamentous union, the fragments not being kept in close contact. There was about one-fourth of an inch separation.

After the 24th of July, the time the brain trouble manifested itself, he emaciated rapidly, and when he got out of bed he was very much emaciated; but he afterwards ate well and nourished well.

In the latter part of September, he was taken to the seashore, and Dr. Weir-Mitchell, of Philadelphia, was consulted and examined the case, who, I was informed by the family, gave it as his opinion that the whole trouble was "malarial;" mental trouble, I presumed, as it was the fall when he jumped through the window, or rather the lighting, that fractured his arms and legs. With due deference to Dr. Mitchell's opinion, who has a well-deserved reputation, and stands high in the medical profession as an expert in cerebral and nervous diseases, in this case I beg leave to differ.

In the early part of my professional life, all diseases which were not clearly "definable" by the doctor, and "explainable" to the patient, were called neuralgia—neuralgia of the head, neuralgia of the back, liver, stomach, and kidneys, etc. But in these latter days of medical advancement, a far more fashionable disease has taken its place, which takes in quite a larger scope, and to the fashionable world is quite satisfactory as a diagnosis.

This young man I knew when he was a child. Was the family physician for twenty years. When a boy he was exceedingly sensitive; had a taste for music, the study of which he pursued with marked ability. He became quite proficient as a pianist, and as he grew up to manhood he was retired and bashful, mixed but little with other boys of his own age, or joined in their favorite sports. Very fond of books and study, but had no taste for frolic or fun; gentlemanly and manly far above his years, but super-sensitive in regard to his words and actions; always afraid of offending; morally, an example to all his associates. Indeed, he was what some would call "over righteous."

He graduated at Lafayette College, where he received the honor of his class. He studied law, was admitted to the bar, but never practiced his profession, but devoted his time to study and the pursuit of knowledge, both scientific and religious, both of which he had a keen appetite for.

I give this short history of my patient to show his turn of mind, his disposition and habits, which

in my opinion form an important factor in making out a correct diagnosis, and unraveling the difficulty in coming to a correct conclusion as to what his true pathological condition was when I saw him first, on the 11th of May.

Evidently to my mind there was no disease of the brain, no lesion or alteration of brain structure, up to the time he jumped through the window and received his injuries:—merely a functional derangement. Nor was there any evidence of malarial poison. He had no increased blood temperature, no chills or sweats; the heart's action was regular, only somewhat accelerated under excitement of mind. The urine was examined, which was normal.

Here we have a highly organized and cultured brain, super-sensitive nervous system, excited and continuous excitement kept up, mental faculties kept upon a strain, overworked, exhausted, and thrown out of balance; the will and judgment having lost the controlling power over the machinery—just like a locomotive with a high pressure of steam, the throttle-valve wide open, the lever broken, running wild.

Was this insanity? Yes; acute insanity, which may or may become chronic and permanent. Just as a child having convulsions may become a confirmed epileptic, followed by imbecility.

We threw in large doses of bromide of potash to act as a sedative and clog the machinery, and subdue the wild manifestations; and it had the desired effect. We tried quinine in large doses and small doses, which always made him worse. We tried the stimulating treatment and it failed. The condition the patient got into twenty-four days after the accident was, in my opinion, caused by concussion culminating in either hemorrhage or effusion, producing compression.

Some time in October he left for California, where he is at this time engaged in business, and, I am informed, enjoying good health.

HOSPITAL REPORTS.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL.

BY JAMES H. HUTCHISON, M. D.,

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[Reported by WILLIAM H. MORRISON, M. D.]

Locomotor Ataxia.

GENTLEMEN—The first patient whom I shall show you this morning is one that has been in the hospital but a short time. She was admitted on the

26th of the present month. She is a married woman, and has been engaged in keeping house. Three years ago she had what she says was rheumatism, and since that time she thinks that sensation in the legs has never been perfect. Four years ago her hair began to come out, and she had nightly pains in the bones. Since then she has had two miscarriages, both of which occurred early in pregnancy. Previous to this, she had two children, both of whom are living. Last summer she noticed that she did not feel the ground when walking; her legs grew weak, and she had severe pain, which she says "felt as though some one was screwing a cork-screw into the legs." She also had pain in the lower part of the back, a feeling of constriction around the abdomen, and difficult micturition.

On admission, the patient was found to be well nourished, unable to walk unless supported, but when assisted, furnished a good example of the ataxic walk. The patella reflex was abolished. She could not feel the ground when walking, and the legs were numb. When the attempt to extend the leg while she resisted was made, the muscles suddenly relaxed, furnishing a good example of what has been called by Dr. S. Weir Mitchell, lead-pipe resistance. The lungs were normal. There was heard over the heart a loud see-saw murmur. This was heard at all parts of the præcardial region, but loudest over the mitral and aortic valves. The pulse is normal in frequency, but falls away suddenly. There is a jugular pulsation in the neck. This is the history as we have obtained it.

I shall repeat the examinations before you that you may appreciate the symptoms better. Let me call attention to some of the points in the history. Three years ago she says that she had rheumatic pains. After questioning her, I do not think the pains were really due to rheumatism. There was no redness and swelling of the joints, as occurs in articular rheumatism. She tells us that the pains were in the muscular part of the legs. Without my putting a question to her which would lead to such a description, she told me that the pain was as though some one was turning something in her leg. This is a peculiarity of the pain which is almost always present in the disease which I believe to be present here. She has excruciating pain in the legs, and this is sometimes felt in the thighs. She did not notice any irregularity in her gait at this time. The pains were present until last summer. At this time she found that in addition there was slight insensibility in the feet, and that whenever she turned suddenly she was liable to fall. She could not feel the ground at all. Upon questioning her yesterday, she stated that she had greater difficulty in walking in the dark than in daylight. This is another characteristic symptom of the disease—inability to maintain one's self in the erect position in the dark, or when the eyes are closed. In this disease, you will often find that patients are able to walk fairly well while in the daylight, and while they can watch their feet, but when they are asked to close their eyes, or to look up so as to take their eyes from the feet, they at once begin to stagger, and if the disease is at all advanced, they will fall. If you ask such a patient to stand with the feet close together, and the toes

everted, and then cause him to look up, he will fall. The disease has advanced so far in the present case that the characteristic walk is almost lost. The patient is unable to walk at all unless supported. Being supported on each side, she is, as you see, still able to walk in a very irregular manner. The feet jerk out, and the heels are put down with some force. On this account these patients have been called "trampers." This is a characteristic of the walk in this disease, *i. e.* locomotor ataxia. This woman is able to stand if she watches her feet, but the moment she closes her eyes the ability to stand is very much diminished. I shall show you that this paralysis is by no means complete. During the last session I had before this class a case of myelitis, in which there was complete loss of power in the lower extremities. The patient was unable to stand, and could not execute the slightest movement while in the sitting or recumbent position. This patient can draw up her legs and move them in various directions. The power is lessened, but not lost. I request her to try and keep the leg flexed while I attempt to extend it. I can straighten it, but it requires some force to do it. The first resistance is the greater. This has been described as "lead-pipe resistance." The left leg is the weaker of the two.

The loss of sensation is quite marked. I tested this in the ward. When pricked with a pin she was unable to accurately locate the point touched. There seems to be in certain places an increased sensitiveness to pain.

In addition to these, there is present here a symptom which is very characteristic of this disease, *i. e.*, loss of the patella reflex. The patella reflex is simply the movement which takes place when the tendon of the patella is struck. In certain diseases this movement is greatly increased; in others it is diminished, and in advanced stages, entirely lost. I am unable to produce the slightest tendon reflex. In the same way the ankle-clonus is also absent. In order to produce the reflex of the patella, the limb should hang perfectly free to move, for if the patient fixes the limb, no motion will be caused by striking the tendon of the patella. A good plan is to support the leg by passing the hand beneath the thigh. We have, then, in this case, loss of patella reflex, loss of sensibility, and loss not so much of power as of the ability to coördinate the movements of the legs.

These symptoms have been preceded by certain others which are characteristic of this affection. One of these is the presence of excruciating pain. No one familiar with this disease would confound this pain with that of rheumatism. The comparison which she made is one frequently used by these patients. The pain is very severe. It may occur several times during a short period, then disappear for hours, and again return. It sometimes interferes with sleep, and thus indirectly with nutrition. She has also had pain in the back, but this has not been severe. There is a feeling of constriction around the waist; at times it feels as though something was passing around the waist. This sensation is not as marked as it is in ordinary transverse myelitis. There is some interference with the functions of the bladder and the rectum. She has some difficulty in emptying

the bladder. It has never been necessary, however, to use the catheter. Cystitis is sometimes caused by the retention of the urine. This has not occurred in this case. In regard to the rectum, we find that she suffers from constipation, and that when she has a passage, she has considerable difficulty in getting rid of the feces.

A few days ago, she complained of sensations in the arms and other parts of the body, similar to those felt in the legs. This may have been accidental, or may, perhaps, have been due to the supervention in the upper part of the spinal cord of the same disease that affects the lower portion.

There are certain symptoms, usually present in locomotor ataxia, which are wanting in this case. It is not uncommon to have diplopia, or double vision, in these cases. I have carefully questioned her, but she denies that she has ever seen double. The diplopia is due to paralysis of some of the muscles of the eye. The abducent nerve is the one most commonly involved, but sometimes the muscles supplied by the third nerve are the ones affected. This symptom may be permanent, or it may be only temporary. We also have at times some dimness of vision; but this does not seem to be present here. There is apt to be some optic neuritis. It is difficult to say what sympathy should exist between the portions of the nervous system controlling the eyes and the portion controlling the lower extremities, but it is a common observation, that in locomotor ataxia, the eyes are involved. There are two other symptoms which occasionally occur in this disease. They are swelling of the joints and fragility of the bones. But neither of these are constant symptoms.

Having told you what I consider the disease to be, it will be well to tell you why I think that it is locomotor ataxia, and not some other disease. I exclude ordinary transverse myelitis by the absence of true loss of power in the muscles. If there were transverse myelitis, there would be complete loss of voluntary motion. In the case of this disease, to which I have already alluded, the patient was unable to move her legs, while certain reflex movements, as the patella reflex, were much increased. It is, of course, not lateral sclerosis. In this latter disease, there is a spasmodic action of the muscles. The feet are violently jerked from the floor when the patient walks, the patella reflex is much increased, and the other reflex symptoms are well marked.

Locomotor ataxia was first thoroughly described by Duchenne, although Romberg and others had previously called attention to some of its principal symptoms. It is also well described in Trouseau's Medical Clinics.

Upon further examination, we find that this patient suffers from another disease. Of course, having found these evident symptoms of locomotor ataxia, we might dismiss the case as thoroughly studied. This, however, would be unwise; having discovered one disease, we should search for any other that may be present. There is marked disease of the heart. I do not purpose to-day to speak of this in detail, having lately had before you a number of cases of cardiac trouble. On auscultation, there is heard a loud see-saw murmur at every part of the præcordial region, and

also in the epigastrium. The character of this sound differs in different localities. I am therefore inclined to think that there is extensive disease—disease of all the valves, primarily of the aortic and mitral, and secondarily of the tricuspid valve. If the murmur heard in these various localities were a transmitted murmur, it might differ in intensity, but it would not differ in character and quality. There are present at the aortic and mitral valves, conditions which would give rise to dilatation of the right ventricle, producing incompetency of the tricuspid valve and causing a tricuspid murmur. I believe that there is tricuspid regurgitation because there is pulsation of the jugular veins. If there is an impulse in the neck, you must not at once jump to the conclusion that it is a venous impulse, for it may be a transmitted impulse from the carotid artery. There is here, as in all cases of aortic regurgitation, a marked carotid pulsation, but the venous impulse is independent of that. It is best seen in the recumbent position, for then the veins are not so readily emptied. I do not believe that the disease of the heart has anything to do with the condition of the lower extremities. I have shown you cases of paralysis due to an embolus washed into one of the cerebral arteries. Paralysis from this cause, is unilateral and differs entirely from that present in this case.

It is rather difficult to find a cause for this disease, not only in the present instance, but also in other cases. By some, syphilis is said to be a cause, and I have no doubt that it is so in some cases, for it produces the same form of degeneration as is present in locomotor ataxia. In the history of this patient, you have observed some symptoms pointing to syphilis. She has had a little falling out of the hair, and some sore throat, and has had two miscarriages. The pains are of course a part of the disease. The existence of syphilis is, however, not made out with any degree of certainty. In some cases the disease has been attributed to excessive venery, and in others, to lying on the cold ground. Many cases of this affection were seen among the soldiers during the war.

On the supposition that the patient might have had syphilis, I put her on the use of iodide of potassium in large doses. This afforded the best hope of achieving good, but I think that very little benefit is to be expected. I have seen many cases of this disease, but I have never seen much benefit follow any plan of treatment. The oxide and nitrate of silver, strychnia, and belladonna have been employed. Prolonged rest is said to have been of service in some cases, while in other cases no improvement has followed it. This patient declined to lie down, stating that the pains were worse in the recumbent position; and as I do not think that much good would be accomplished by the rest, I have not insisted on it. Electricity is not of the slightest use; it seems rather to aggravate than benefit.

The anatomical seat of this disease is the posterior columns of the spinal cord. It generally invades the lumbar and lower dorsal regions. Both the posterior columns and the posterior roots of the nerves are involved. As you know, the posterior columns preside over co-ordination; therefore anything affecting this part of the spinal

cord will interfere with the powers of co-ordination. The lesion is an increase in the amount of connective tissue, displacing and causing atrophy of the true nervous structures. It is a sclerosis of the posterior columns of the spinal cord. This condition having taken place, I know of no remedy that will certainly be of service. If this woman had been seen at an early period of the disease, some good might possibly have been done.

The prognosis as regards life is not unfavorable. Patients with this disease have lived for a long time in comparative comfort. The intellectual powers are not affected by the disease, and indeed it seems to attack intelligent people rather than the reverse.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Some Observations on the Salivary Digestion of Starch by Infants.

BY J. M. KEATING, M. D.

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Lecturer on Diseases of Women and Children.

[Read June 6, 1883.]

Recently, in a late English work, I find the following: "During the first few months farinaceous food of every kind should be avoided, for the child's stomach (?) cannot digest it. Until the third month, or even later, no saliva is secreted, and without this floury foods cannot be assimilated." (*Management of Infants, etc.*, by Howard Barrett.) This idea is so prevalent, and most of us have adopted the statement as representing the teaching of physiologists, that it has always been a matter of surprise to those interested in the feeding of infants to find occasionally, especially amongst the poorer classes, infants fed upon corn-starch or other farina, almost to the exclusion of other food, and thrive.

At present, we presume that amylaceous material has of necessity to be converted by hydration into glucose, and for this reason I will not detain you this evening by indulging in the more speculative aspect of this subject, as to whether dextrine is capable of being absorbed, and which of the two ferments, that of the salivary glands or of the pancreas, is of the most importance. We have left this matter for further investigation. Prof. Albert R. Leeds, in his very able exposé of the subject of foods as regards their chemical constituents, made the matter so clear, that in his table of the analyses we have evidently an accurate guide for the selection of foods in individual cases. But as the general belief is, that for infants of a tender age, our choice should fall on that which contains a minimum quantity of starch and a maximum amount of vegetable albuminoids, or foods based on the Liebig formula, I deemed it valuable to institute a series of experiments, the results of which I confess were rather surprising, to test the saliva of infants, and to satisfy myself that the reason why some children apparently thrive on starchy food, is not due to any change in the starch in its preparation, but depended

upon contact with secretions well established in childhood.

In these tests we endeavored, as far as possible, to exclude all error. Corn starch was used, it having been previously boiled, cooled into a paste, and portions of this was put into little linen bags, and given to infants to suck for two minutes at a time: Pavy's test was then used—the corn-starch paste exhibited before the experiment no evidence of sugar change.

The linen was thoroughly boiled without discoloration of the solution. The bags, with their contents, were in each case thrown into a test-tube, and I submit for your examination the accompanying report.

To the resident physicians of the Philadelphia hospital, Drs. B. F. Hawley and A. E. Roussel, I am indebted for assistance in this matter, as many of these tests were repeated a number of times by them, and great care was used to insure accuracy. My report includes the results obtained by experiments with the saliva of twenty-one children—varying in age from six days to seventeen months. The sugar-change was noted in all but three—one of these was a babe six days old—whilst in another babe seven days old a marked reaction was observed. I feel satisfied that some infants do digest starch, provided it is presented to them in a digestible form, and also that the salivary secretion, which occurs earlier than we have been accustomed to believe, is allowed to come in contact with it, and I cannot but attribute the many statements to the effect that starchy food in small quantities is contraindicated, to the fact that the secretions of the mouth are less liable to exert their influence when such food is administered by bottle, and deposited in a surprisingly short time in the acid juices of the stomach. If starchy food, such as barley flour, oatmeal, rice, wheat flour, etc., is indicated on account of its highly nutritious qualities, which exist in all portions of the grain, and deemed advisable in the feeding of children, our few observations teach us that they should be administered in such a way as to insure their thorough digestion; and I am satisfied that the surprising results we witness, especially among the poor, of thriving table-fed babes, are due to the mode of feeding more than to the fact that they are exceptional and astonishing cases. My table shows that the age of the infant is not a guide to the quality of its saliva, and we should bear this in mind when choosing the form of food. Thus, should we be called upon to regulate an infant's feeding, it would be important for us to test the saliva.

If we find a sugar change taking place, we might incorporate with milk small quantities of one of the cereals, either barley, oatmeal, or wheat. On the contrary, should the test prove negative, Horlick's or Mellin's food would be decidedly preferable. But while thoroughly convinced that the saliva is a most important element in digestion, we cannot overlook the fact that starchy foods have also to run the gauntlet of the pancreas, which organ if it possesses in childhood relatively the same power that it does in latter years, is far more active than the salivary glands. We cannot then overlook the value of a microscopic examination of the stools of all bottle-fed children, for I believe that by this alone we can regulate the

quantity of farinaceous food, detecting the proportion of the undigested residue.

Child's name ..	Age	No. of teeth	Food	Reaction	No. of experiments
Smith.....	6 days	0	Breast.	None.	3
Coyle.....	7 "	0	Breast.	Marked.	1
Gallagar ..	11 "	0	Breast.	Well marked.	2
Asbulson ..	12 "	0	Breast.	Marked.	1
Perry	2 weeks	0	Breast.	?	1
McErwin ..	3 "	0	Breast and crackers.	Well marked.	3
Meenan	3 "	0	Bottle.	Perceptible.	2
Conner	4 "	0	Breast.	Marked.	2
Davis	4 "	0	Breast.	Marked.	1
Beatty	4 "	0	Breast.	Very slight.	2
Sumley	4 "	0	Breast.	Marked.	1
McCann	4 "	0	Breast.	Very marked.	1
Newhouse ..	7 "	0	Breast.	Very slight.	2
Roberts	2 mos.	1	Breast.	Marked.	2
Nerain	2 "	0	Breast.	Very marked.	1
Boenning ..	2 "	0	Breast.	Marked.	1
Hemileth..	4 "	2	Corn-starch and crackers.	Well marked.	2
Roach	5 "	1	Corn-starch and crackers.	Slight.	3
Hall.....	8 "	2	Breast and crackers.	Marked.	1
Devine.....	13 "	4	Corn-starch and crackers.	Well marked.	1
Wood.....	17 "		Condensed milk.	None.	

The following are my conclusions:

The saliva of some infants possesses the property of converting starch into glucose regardless of age. The age of the infants cannot be taken as an indication of this property of its saliva.

When such a condition is found to exist a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk.

An examination of the stools of children so fed, would be a guide as to the quantity of starchy food to be used, and when farinaceous food is employed slow feeding is probably preferable to the bottle.

REPORT OF THE PROCEEDINGS OF THE ADJUNCT MONTGOMERY COUNTY MEDICAL SOCIETY.

BY DR. J. B. CARRELL,
Of Hatboro, Pa.

The meeting of the Society was held in Hatboro, Pa., on August 24th. The President, Dr. Jno. Paxson, of Jenkintown, occupied the chair. Dr. J. B. Carrell read a selected article, "A Comparison Between the Audiphone, Dentaphone, and the Various Forms of Ear Trumpets for the Deaf," by Dr. L. Turnbull, of Philadelphia.

Dr. C. B. Hough, of Three Tuns, read an original article on "The Treatment of Scarlet Fever." He had not used cold applications to the same extent as Dr. H. Corson, of Conshohocken, and was well satisfied with his treatment, having lost but one case in an epidemic in which he treated forty cases. He recommended mild applications to the throat and thorough washing and anointing of the surface of the body, the body to be thoroughly kneaded after each anointing. Dr. I. N. Evans, of Hatboro, after an experience of over thirty

years, having passed through numerous epidemics, thought that intelligent treatment did much to lower the death-rate; but in some epidemics of this fever, as in all other epidemic diseases, there was a tendency to fatality, and the treatment that cured all in one epidemic lost many in another. Dr. Carrell said he had found the inhaling of the steam from slaking lime, and the use of the steam atomizer to benefit the throat more than any topical application. He was also an ardent supporter of cold applications to the throat. In the course of the discussion the comparative therapeutical effects of the tincture, and the powder and infusion of digitalis was argued. Dr. Coltman, of Jenkintown, placed little or no reliance on the tincture, and considered the powder the proper form for administration. The tincture had few supporters, and the weight of evidence was largely in favor of the powder and infusion. The next meeting of the Society will be in Jenkintown, on September 14, when Dr. Mary P. Hallowell, of Horsham, will read an original article on "What is Malaria?" Dr. I. N. Evans, our oldest member, and Congressman for this district, is one of the guests of the Northern Pacific's opening excursion. All wished him a good time, and safe return.

Observations on Certain Cerebro-Nervous Diseases Peculiar to Women.

Dr. Thos. More Madden contributes an article on this subject to the *Med. Press and Circular*, August 15, 1883, which concludes as follows:

Besides the local diseases and functional disturbances of the sexual system referred to, there are other causes of the tendency to cerebro-nervous disorders now so prevalent in women. These causes include amongst others—1. The premature and undue stimulation of the sexual functions. 2. The increasing prevalence of alcoholism in both sexes and in all classes of modern society. And, 3. The grossly misdirected or neglected moral and mental training of a large proportion of female youth. The results of these causes are daily met in gynecological practice, and are not only seen in the diseases of the sexual system which come under our special care, but are still more traceable in the mental and moral deterioration, the prevailing nervous hyperæsthetic condition and want of physical training as well as of healthy moral tone, which are now too noticeable among women. Moreover, women are no longer, as was formerly the case, to a large extent exempt from those predisposing causes of utero-nervous disorders which in men are recognized as amongst their most common sources. Nowadays, on the contrary, women are not only liable to those special causes of nervous disorder which arise from the utero-ovarian irritation, but they also too frequently, as Dr. More Madden has before observed, voluntarily expose themselves to all the incidental causes of insanity to which men were formerly liable. An increasing tendency to insanity and nervous disorders of every form is one result of that hopeless contest with nature's laws in which those are engaged who seek to unsex themselves by assuming all masculine pursuits and modes of life, which may be too dearly purchased at such a cost.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Hypertrophied Right Lobe of the Liver Mistaken for a Fibroid Tumor of the Ovary.

Dr. John L. Atlee, of Lancaster, thus writes in the *Med. News*, September 15, 1883:

Miss A. E., a single lady, aged about thirty-nine years, who for many years has been a teacher in our public schools, consulted me four or five weeks ago, soon after the school vacation commenced, about a tumor which was developing in the lower portion of the abdomen. She had always menstruated regularly, and with the exception of slight dyspeptic symptoms had always enjoyed good health, and never missed a day from her school. Within the last three months, however, she found herself becoming more and more emaciated, and had an unusual feeling of debility. Her color was good; tall and well-formed, with always a good appetite and generally regular bowels, but occasionally had some diarrhoea, and some pain like colic, for which she required an anodyne.

Upon examination I found a hard tumor occupying the centre of the hypogastric region, extending as high as the umbilicus and to the iliac regions, especially the right. It was very hard, but slightly movable from side to side, and this movement did not influence the uterus. The brim of the pelvis on that side was occupied by the mass, although it did not descend into the pelvis. Her waist was of the normal size, with no bulging above the umbilicus. She was sensible that it was increasing rapidly, and wanted relief. I diagnosed a fibroid tumor of the right ovary, and if she wanted to be relieved I would operate.

After the usual preliminary measures had been carried out, and the exhibition of the anæsthetic, I commenced the operation at eleven o'clock a. m., August 22, in the presence of Drs. Atlee, Jr., Ehler, Welchans, Roland, Rohrer, and William A. Atlee, Jr., and Mrs. Dr. Wilson and her student, by the usual incision in the median line, and exposed the peritoneum, which was dark and very vascular; upon laying it open there was a small escape of ascitic fluid, and behind it was a large, chocolate-colored mass, very firm and slightly nodulated, which proved to be an enormous right lobe of the liver! I passed my fingers up and felt the left lobe with its sharp edge, soft, and apparently healthy. Whether it was wearing a tight corset, or from some other cause, the morbid development was towards the pelvis, as above the umbilicus there was nothing to indicate the presence of a tumor. Here was a dilemma which brought the operation to an abrupt conclusion, and the only thing to be done was to close the wound very carefully and put the patient to bed. I think it is a case of encephaloma, not yet fully developed, in the lower lobe of the liver.

I have never, in all my diagnostic experience,

been so completely deceived, and I hope your readers will profit by my mistake. It is often in that way we gain our knowledge.

Intra-Pelvic Inflammation.

Dr. W. H. Byford, of Chicago, read a paper on this subject before the last meeting of the American Medical Association, which we find in the *Ass. Jour.*, September 1, 1883, and which concludes as follows:

1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so slight as to be easily overlooked.

3. It may be an original condition; the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the dangers of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she complains of much suffering, desist at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no question, in my mind, that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely passed off.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected and its diagnosis be carefully considered in all cases of metritis.

9. When chronic parametritis is present, it should be the chief, if not the exclusive object of treatment until removed.

10. It is not safe to use the sound, sponge-treatment, or intrauterine stem, when there is perimetritic inflammation.

11. It is especially dangerous to replace a displaced uterus, when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force.

12. The use of pessaries or supports of any kind, which find their lodgment in the pelvis, is generally followed by disastrous consequences when there is even slight primitive inflammation.

13. All local treatment of the uterus must be conducted with the greatest care in all cases where this complication is present.

Foreign Body in the Trachea of an Infant Eight Months Old—Tracheotomy—Recovery.

The following case is reported by Dr. A. Schap-
ringer, in the *Med. Record*, August 25, 1883:

James M—, eight months old, of 345 East Sixtieth street, New York city, was brought to my office on June 6, 1883, on account of alarming dyspnoea which had supervened suddenly the same morning while he was eating a slice of an orange. The child had first been taken to a neighboring drug store, where a dose of syrup of ipecac was administered. This brought about vomiting, without, however, relieving the dyspnoea. When first seen by me, the child was cyanosed. Both inspiration and expiration were labored. Auscultation over the trachea revealed a rattling sound both on inspiration and expiration. The latter was brought to a sudden stop, a peculiar click. The rattling was perceptible to the touch also. These signs left no doubt as to the presence of a movable obstruction in the windpipe. After a few ineffectual attempts to remove it by inversion, the child's condition in the meanwhile becoming more and more alarming, I performed tracheotomy, assisted by Dr. A. Fridenberg and Messrs. Tynberg and Schulmann, students of medicine. The child was given a few whiffs of chloroform. The hemorrhage was slight, but one vessel requiring to be secured. The trachea was scarcely opened when the foreign body was expelled through the perforation by a fit of coughing. It proved to be an orange-pit. Regularity of respiration not becoming re-established after the lapse of a few minutes, a flexible catheter was introduced and a small quantity of blood and mucus removed by aspiration. In about twenty minutes the child had so far recovered that I could proceed to close the wound. I first united the lips of the tracheal incision by a few silk sutures, and carried the ends of the threads through both the upper and lower angle of the integumentary incision, which I closed by a separate row of sutures. I avoided including the mucous membrane in the tracheal sutures. Catgut, which would have been preferable to silk, was not accessible. The wound healed by first intention, with the exception of the angles where the threads of the deep sutures had been led out. These could be removed after the lapse of a few days. The little one has been well ever since.

The interest of this case centres in the fact that there is no record, in this country, at least, of so young a child having survived tracheotomy for the removal of a foreign body.

Items of Interest from the British Medical Association.

In the following we propose to give some of the opinions on various practical subjects expressed by prominent gentlemen at the late meeting of the British Medical Association:

Dr. Broadbent says: "The educated finger can tell us all revealed by the sphygmograph and more; fortunately, there is nothing of real importance in the pulse which cannot be readily distinguished by the busy medical man in his daily work."

Dr. Edward Ballard says: "A high atmospheric temperature has been truly said to be one of the most important causes of summer diarrhoea."

Dr. Taylor, the Health Officer of Liverpool, has coupled high temperature with dirt as causes; but diarrhoea occurs elsewhere than in dirty places. I can show families in Leicester, with children as clean and carefully guarded as any children can be, and with surroundings as good as any of our own, where, nevertheless, there was diarrhoea fatal in less than twenty-four hours. Dirt is not an essential condition.

Mr. J. R. Humphreys (Shrewsbury) said that he had applied the various methods for the relief of varicose veins, and amongst them the method of subcutaneous ligature; but of late he had cut down on the vein, and tied it below and above, about an inch apart, and cut the intermediate portion. He had had some troublesome cases of varicocele which he had readily cured by this means, and had no bad result.

Mr. Bickersteth (Liverpool) had formerly used scarifications, scrapings, and caustics in the treatment of lupus vulgaris; whereas latterly he had employed antiseptic dressings in the form of liquor calcei bisulphatis on lint covered with waterproof tissue (a strong solution, which was also painless); with the addition, in scrofulous cases, of cod-liver oil and iron; in syphilitic cases, of anti-syphilitic remedies, with the effect of speedy improvement in a few weeks, and a cure in a few months at the most.

Absorption of Watery Solutions by the Skin.

In the *Ann. de Dermatol. et de Syph.* Dr. Aubert formulates the following conclusions on this important subject:

1. Substances dissolved in water may make their way through the epidermis without producing any visible external lesion.

2. Nevertheless, the essential condition of such penetration appears to be a break in the epidermis where it is prolonged into hair-sheaths, and along the included portions of the hairs themselves.

3. In fact, according to our observations, this penetration takes place exclusively in hairy parts.

4. It is promoted by whatever causes the hair to be pulled about, as, for instance, friction with the moist or dry hand, or unusual size, stiffness, and length of the hairs.

5. A delicate integument and thin cuticle afford unfavorable conditions, on account of the less vigorous growth of hair on parts thus endued. Total absence of hair is likewise a condition eminently unfavorable to absorption.

6. Hence we may infer the possibility of introducing soluble substances into the circulation by causing them to penetrate the epidermis in small quantities, either with or without the aid of baths. To effect this, friction with the palm of the hand would have to be applied forcibly over a large surface, and especially where the skin is hairy. The only possible unpleasant effects would be a moderate degree of inflammation, manifested in a little redness and smarting about the roots of the hairs.

7. Simple immersion in a bath, however prolonged, could not be relied on to effect the entrance of even the smallest quantity of a solution through the skin.

Congenital Malformation of Both Knee-joints.

In the *Brit. Med. Jour.*, April 21, 1883, Dr. Herbert Sells says:

The following case has recently occurred in the Guy's Lying-in Charity: M. B., aged 48, the mother of two children alive and healthy, and one child that died young, was delivered on February 28, 1883, of a full time male child, which was very fairly developed. On looking at the lower limbs, the first thing that struck one was, that the patellæ on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forwards naturally, and the ankle-joint was normal. The patella was placed at the back of the joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the hamstring tendons. There was also, running down a little to the inner side of the centre of this space, a strong tendon, which was continued downwards to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joint were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which, of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a *post mortem* examination.

On Alterations of the Vena Cava, Complicating Cirrhosis of the Liver.

The *London Medical Record*, August 15, 1883, says:

In hepatic cirrhosis, ascites appears before œdema or anasarca; in diseases of the heart, the reverse holds good. Such is the rule. In cirrhosis, however, there are many exceptions. (œdema may show itself before the mechanical conditions depending on abdominal pressure arise, affecting the lower extremities and lower half of the body. It may appear in the early stages of the disease, when this has a subacute course and marked abdominal symptoms (hepatic and intestinal pain, dyspepsia, vomiting, albuminuria, etc.). œdema may also occur in cirrhosis of slow course, either before the symptoms of the hepatic affection are clearly marked, or when this has reached an ad-

vanced stage. The abdominal pressure may be very great without a trace of anasarca, or, on the other hand, with little or no pressure the œdema may be abundant and copious. The abdominal pressure then cannot be the principal cause of the anasarca. The inferior vena cava in its passage between the lobes of the liver is necessarily somewhat constricted during the stage of contraction of the organ; but this does not account for the occurrence of œdema in the early stage of the disease. Moreover, *post mortem* examinations do not verify this constriction even in advanced cases. Neither does the state of anæmia of the patient explain the œdema, for with marked hydremia there may be no sign of general dropy. The principal cause of the œdema is a special lesion of the inferior cava, which in these cases is always to be found in "a state of great hyperæmia, with signs of exo- and endo-phlebitis, with increase of the thickness of its walls, with dilatation of its calibre." Where œdema does not occur either early or late, the vena cava is found in a perfectly normal state, affording a marked contrast to its state, as described above.

Sudden Death in Gastric Ulcer.

The *Med. Times and Gaz.*, March 10, 1883, says: Perforation of the stomach almost necessarily proves fatal by way of peritonitis, but in some instances death has been known to occur even more suddenly from the accident, that is, before inflammation has had time to be set up. Shock, hemorrhage, or suffocation has usually been accounted the immediate cause at work in this class of cases. Professor Jürgensen has just described another and very remarkable mode by which gastric ulcer may suddenly prove fatal, namely, by entrance of the gaseous contents of the stomach into the circulation (*Deutsche Archiv. für Klin. Med.*, xxxi., p. 441). A woman, aged forty-nine, suffering from severe symptoms of gastric ulcer, suddenly died, and within twenty-two hours the *post mortem* examination was made, no appearance of decomposition being present in the body. A large ulcer was found on the posterior surface of the stomach, its floor being formed by the pancreas, and the splenic vein lay exposed and open. Manifestly as the result of this lesion, air was found in many of the blood-vessels, including the cervical, cardiac, and gastric veins, and the large trunks, and also in the cavities of the heart. Extreme interstitial and subserous emphysema could be traced from the seat of disease. *Prima facie*, there could be but little question of the source of the air and the cause of the sudden death: but to confirm his opinion, Professor Jürgensen tried the experiment of injecting air into the femoral artery of one side in a dog, and watching the femoral vein of the opposite side. In a few minutes bubbles made their appearance, having traversed, therefore, both the peripheral and the pulmonary capillaries.

Stomach From a Case of Gastrostomy.

To the Pathological Society of London (*Med. Times and Gaz.*, March 31, 1883):

Mr. Page showed the stomach of a man upon whom he had performed the operation of gastrostomy for stricture of the œsophagus. The opera-

tion was performed in two parts, the stomach not being opened till the fifth day. No bad symptoms ensued, and the patient went on very well until the twenty-first day, when he ailed a little, and in the evening of that day felt sick. Next day there was violent vomiting with acute pain in the region of the stomach, and on the following morning (*i. e.*, on the twenty-third day) he died from collapse. At the *post mortem* examination there was found parenchymatous inflammation of the walls of the stomach, presumably spreading from the wound of the stomach.

Mr. Silcock said that he had examined the body of the last patient, and found the coats much thickened, being fully half an inch thick. On section a creamy-like fluid exuded from the sub-mucous or muscular coats, to which the thickening was to be attributed. The mucous membrane was of a dead-white color, and there were no rugæ. Some "buttery" lymph was found in the peritoneum, but no flakes as in the ordinary plastic inflammation. This condition of stomach occurring after gastrotomy had already been described by several observers. He thought in this case there had been digestion of the margins of the wound, and thus the sub-mucous tissues had been opened up. The creamy fluid above described was found to contain many micrococci.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received, as an extract from the Transactions of the College of Physicians of Philadelphia, Dr. John M. Keating's paper entitled "Report of a Case of Malaria, in a Child Aged Twenty Months, in which Morbid Enlargement of Liver and Spleen Occurred, and also of a Case of Aortic Stenosis and Regurgitation with Atheromatous Aorta, in a Woman Aged 103," with exhibition of the specimens. This paper has been published in full in our pages.

—The "Pathological Action of Alcoholic Stimulants on Health and Disease" is the title of a paper read before the annual meeting of the New Jersey State Temperance Alliance, held in Newark, December 5, 1882, by Isaac N. Quimby, M. D. It concludes with the following honest sentiment:

"Should I have viewed the alcoholic question from a mercenary standpoint, or paused for a moment to consider the popular side or feeling, I would have written on the other side of the question, or have been entirely silent. But knowing, as I do, that great and serious injuries are being done to my countrymen, I feel I should sacrifice my self-interest and exert and put forth my might to remedy this far-reaching evil, so that this great country of ours may even still do more in the fu-

ture, than she has in the past, towards spreading throughout the world a free civilization which, under the providence of God, is destined to elevate, enlighten, and regenerate the race."

—The *Transactions* of the Mississippi State Medical Association for 1883, contains a goodly number of readable and instructive papers, and evinces an earnest interest in the welfare of the profession by the physicians of that State.

—Whenever we receive a "State Board of Health Report," we are freshly and regretfully reminded of the short-sightedness of our "ten-dollar-a-day" legislators, whose fault it is that our great State labors under the disgrace of being one of only two *great* States that are without State Boards. From the excellent report of the Wisconsin State Board, we are pleased to note that five out of the six members are physicians.

BOOK NOTICES.

The Principles and Practice of Surgery. By D. Hayes Agnew, M. D., LL. D., Professor of Surgery in the medical department of the University of Pennsylvania. Vol. iii., pp. 784. Philadelphia, J. B. Lippincott & Co., 1883:

This volume brings this splendid monument to the genius of America's great and good surgeon to a close. As the result of experience accumulated during a long lifetime of unusual labor, labor that has made the name and fame of Agnew familiar throughout the civilized world, this work stands all that could be asked for.

To most of us it is a familiar fact; to those of us who have been his students it is one among the many causes of our admiration for him; but for the benefit of those who are ignorant of it, we would say, that probably no man from the beginning of the world to our own time has ever devoted so much time and labor to the acquirement of the practically valuable aspects of any subject as has Dr. Agnew to the mastery of the details of the science of surgery; hence his pre-eminently recognized right to teach.

Twelve or fourteen hours daily for seventeen or eighteen years (63,648 to 78,624 hours) devoted to conscientious work in dissecting-rooms, constitutes Dr. Agnew's claim to a knowledge of anatomy, the foundation-stone of surgery, while years of experience have combined to make him one of the most finished surgeons of the day, as he certainly is the most cautious. Able always to operate, he positively refuses unless some clear benefit is to be derived from surgical interference. Dr. Agnew's opinion is always formed in the interest of

his patient, and never simply to redound to his own fame. This last volume treats of the following subjects: "Surgical Diseases of the Larynx and Trachea," "Diseases and Injuries of the Eye and its Appendages," "Diseases and Injuries of the Nose, the Naso-pharyngeal Region, and Associated Parts," "Diseases and Injuries of the Ear," "Malformations and Deformities—Tenotomy in the Treatment of Orthopædia," "Affections of the Muscles, Tendons, Bursæ, and Aponeuroses," "Surgical Affections of the Nerves," "Surgical Affections of the Lymphatic System, Skin, and Subcutaneous Connective Tissue," "Syphilis," "Tumors," "Diseases of the Mammary Gland," "Electricity in its Application to Surgical Therapeutics," "Operations for Nerve-stretching," "Massage."

The volume is profusely illustrated.

J. F. E.

The Physician Himself, and What He Should Add to His Scientific Acquirements. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons, Baltimore. Third edition. Baltimore, Cushings & Bailey, 1883.

The young physician just starting upon his professional career, let it be in town or country, should by all means read this book, and after its perusal he will undoubtedly feel himself under a debt of gratitude to the author.

The older members of the profession will also find many points of interest in its pages; the advice there put forth is healthy and wholesome, and its adoption by physicians at large would undoubtedly elevate the tone of our profession.

A Text-Book of General Pathology, Anatomy, and Pathogenesis. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen; translated and edited for English students by Donald MacAlister, M. A., M. B. Pp. 371. New York, William Wood & Company, 1883.

This volume, which constitutes the July number of Wood's Library, has been very favorably received in Germany, a second edition having been called for.

It possesses a peculiar merit, in so far as the major portion of the text is based upon observations made or verified by the author himself, and it is therefore authoritative, and not a mere rehash of what one already knows. The translator and English editor has done his part well, and altogether the book is one of the best that has been published in this library.

Medical and Surgical Uses of Electricity, Including Localized and General Faradization, etc., etc. By Geo. M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Fourth edition. Revised by A. D. Rockwell, M. D. New York: Wm. Wood & Co., 1883.

Drs. Beard and Rockwell have presented the fourth edition of a very practical and exhaustive treatise upon the uses of electricity. Nearly two hundred illustrations aid in elucidating the text. The treatment of extra-uterine pregnancy is a valuable chapter in the book; some cases are related in which electricity brought the case to a favorable termination. The volume is well up to the times, and presents a much-neglected field of medicine in a very attractive form.

Types of Insanity. An Illustrated Guide to the Physical Diagnosis of Mental Disease. By Oliver McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Hospitals of New York city, etc. Wm. Wood & Co., New York, 1883.

In this volume we have ten handsome plates drawn from instantaneous photographs. Nine of the plates are illustrations of typical forms of mental disease—idiocy, imbecility, melancholia attonita, chronic melancholia, sub-acute mania, chronic mania, dementia, and general paresis. The tenth shows several phases of the "insane ear," and some conditions of the teeth in the insane. Two chapters of descriptive text are devoted to the illustrations. Work of this kind, when well done, as is the case in this instance, is deserving only of commendation. The plates are better than any we have hitherto seen illustrating the same subject. They are more typical, for example, than the admirable illustrations given in the frontispiece of Bucknell & Take's Manual of Psychological Medicine.

In chapter iii., some interesting sphygmographic tracings are given, and in chapter iv. some specimens of the handwriting of the insane. Numerous hints and suggestions as to the general examination of patients for the determination of sanity or insanity, have been carefully compiled.

So much advance has recently been made with reference to the nomenclature and classification of mental diseases, that some illustration of other forms of insanity than those given would have much enhanced the value of the book.

The final chapter contains an abstract of the laws of various States as to the commitment of the insane. This summary will prove very useful to jurists and teachers.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

It is especially adapted to be taken with the REPORTER, as few or none of the articles in it appear in our weekly journal.

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THE APPRENTICESHIP SYSTEM.

Ask a class of graduates from one of our average medical schools to write a prescription for a good diuretic mixture, and we are quite sure but few of them will be able to pen a formula that any physician of experience will care to use.

Take the same class to the bedside of a sick man and ask for a diagnosis; let our readers turn back within themselves to their early post-graduate days, and we doubt not the answer will be plain enough—blushes, confusion, learned theories, big names without stint from those who have been good students, while simple, blank amazement will be the reply of the majority.

Ask for the therapeutic indications, and stammering uncertainty is the response.

The majority of these young men go directly into practice, while some few are favored with a hospital term; and the difference between the two classes at the end of a year is simply marvelous; the one is scarcely more self-possessed than when he commenced, while the other is a practical and experienced physician, for he has had opportunities for acquiring the practical aspects of his theoretical studies, that years of private practice will not provide.

Our science, preëminently, is based upon observation and experience; this is universally admitted, and it can be confidently stated that mere book-learning without practical experience *cannot* make a physician; it may fit a man for active work in other professions, but it cannot do so in ours; he *must* have experience, and if he does not derive it in a hospital, under the guidance and direction of older and more experienced heads, he will, we fear, be compelled to acquire it at the physical expense of his unfortunate patients.

All graduates cannot serve terms in hospitals; this is impossible, simply because the demand is greatly in excess of the vacancies.

In the good old days of "apprenticeship," this want was met in a most practical and satisfactory manner. The young man, driving about with his teacher, visiting his patients and examining them with him, sitting in his office and carefully watching him diagnose, treat, and make the prognosis

of his cases; going himself to look at and report upon the condition of protracted cases; vaccinating, bleeding, giving purgative draughts, mixing medicines, keeping records of cases, and, in a word, being the *medical shadow* of his teacher, afforded to the apprentice of a hundred years ago opportunities for familiarizing himself with the practical side of his profession, that are vouchsafed to but a few of the students of the latter end of the nineteenth century.

These opportunities, we believe, are offered to and appreciated by some of our country students, during the vacation of the schools; but the education of the majority of students is carried out something as follows: He goes to a medical school, matriculates, pays for his tickets, attends lectures or not as he chooses, goes to clinics or not as he pleases, reads or not as he may elect; when his two years are up, *crams* from *compendes*, passes a kind of an examination, receives his degree, and is authorized to *kill* or *cure*, as chance may direct. Of course, the requirements for graduation in some few institutions have been of such a nature, for a few years past, as to insure a much more thorough education; but what we have stated is undeniably the real truth in the great majority of medical colleges, and there is no use of denying it.

The reason is plain enough; the easier the graduation, the more students; the more students, the more money in the professors' pockets (where the fee system is in vogue); hence the easier the requirements, the more money the professors make. Two of the leaders of the profession in America were talking together recently at a meeting of the American Medical Association, when the following conversation occurred:

"*First Professor*—Now, my dear Doctor, why do you not throw your great influence in favor of a higher medical education? You are old, and at the top of the professional ladder, and your influence would be very powerful.

"*Second Professor*—Say nothing about higher medical education; the present system is *high* enough for me (slapping his pocket the while)."

But we are digressing. We are lamenting the fact that the abolition of the apprenticeship sys-

tem denies to our students the all-necessary opportunities for acquiring a practical acquaintance with medicine. We cannot hope to see this system revived, more especially in this country, for Young America is altogether too independent to bind himself to any one for any purpose.

What we desire to do, is to suggest a remedy. We wish in the first place to impress upon the older physicians the fact that when they have consented to receive into their charge young men as students of medicine, they have assumed a grave responsibility, and one not to be lightly considered, as so many do, but to be carefully and conscientiously discharged.

They must do more than receive a tuition fee of one hundred dollars a year, and allow their names to be printed in the college catalogues as preceptors.

Upon them devolves the duty of impressing upon the minds of their students the necessity of practical experience, and by them must be furnished the facilities for acquiring it.

By every means in their power, and whenever occasion can be found, they are bound to let their students see the practical aspects of disease.

They must talk to their young men, advise, explain, and make clear all knotty problems; and until they are satisfied to entrust their patients to his care, they should refuse their sanction to the student's graduation.

Could there be any question of fitness between a young man who had for three years been almost always in the company of a practicing physician, devoting his evenings and his leisure hours during the day to "*reading up*" what he had seen, with the experienced mind always on hand, ever ready to make clear the most unintelligible questions, and one who, for three years, has listened to the stereotyped lectures of the most distinguished professors, and has committed his textbooks to memory, yet who has seen few or no cases of disease? We think not.

While then we cannot recall the sentiment which approved of the apprenticeship system, we can and do most earnestly advise as follows:

When a physician accepts into his office a med-

ical student, the nearer he can approach this old system in his direction of the education of his charge, the better will it be—the better will the result of his instruction prove, and the more likely will the future physician be to reflect credit and honor upon him who has made him what he is.

SANITARY ASSURANCE ASSOCIATION.

We have already taken occasion to refer to the existence of this Association in England, and it now affords us pleasure to note some of the practical results of its working. The second annual report (recently made) showed that the total number of houses inspected was 362, and in the greater number of these serious errors in the sanitary arrangements were found and corrected. No less than six per cent. were found to have the drains choked up, and no communication whatever with the sewer, all the foul matter sent down the sinks and soil-pipes simply soaking into the ground under the basement of the houses. In thirty-two per cent. the soil-pipes were found to be leaky, allowing sewer-gas, and in many cases liquid sewage, to escape into the house. In thirty-seven per cent. the overflow pipes from the cisterns were led direct into the drains or soil-pipes, allowing sewer-gas to pass up them and contaminate the water in the cisterns, and in most cases to pass freely into the house.

We have no reason to think that our Philadelphia houses are any better built than are those of London; while in truth, we believe that a painstaking examination would reveal serious sanitary defects in the greater proportion of them.

If a person about renting a house could, for a small cost, have its sanitary condition examined into, it would not only be a spur to urge builders to give more careful attention to this all-important matter, but it would give a feeling of security (much to be desired) to the tenant. We will hail the day when a man, looking at a house for the purpose of renting it, will require the owner or agent to exhibit a certificate from a competent sanitary expert, as a condition without which the public mind will consider a house untenable.

POLITICAL INFLUENCE OF THE MEDICAL PROFESSION.

This subject, which is just now receiving considerable attention in England, is one well worthy of the consideration of our own profession.

Politically, the medical profession is notoriously weak and insignificant; and it is our own fault that we are so.

In the halls of justice the legal profession is amply represented, while it is like an oasis in the desert to see a medical man among our legislators.

There are numerous points upon which we ought to have legislation, but owing to our own apathy, it is denied to us.

In the minds of the public, the two occupations of the practice of medicine and the practice of politics, seem antagonistic; the doctor should devote his whole time to his profession; and, to a great extent, this idea is correct.

But in our large cities, the profession really possesses much greater power than we are wont to attribute to it; and this power is sufficient, if properly directed, to secure for us all the legislation that we require.

If suitable physicians were selected, say by our large city societies, who would be willing to devote their whole time to this work, the earnest coöperation of the profession could easily secure their election, and we would thus obtain our share of representation in the legislative halls of the nation.

Our interests would thus be properly guarded, while the interests of the public would not suffer; indeed, on the contrary, it would soon appear that "medical legislation" really means "the greatest good to the greatest number."

NOTES AND COMMENTS.

Galactoceles.

This condition is rare. Dr. Charles Jewett reports a case in the *Proceedings of the Med. Soc. of the County of Kings*, September, 1883. The tumor presented itself at the upper and outer margin of the left breast. On aspirating the soft portion of the tumor with a hypodermic needle, he obtained a yellowish-white substance of pasty consistence.

This material was found on microscopic examination to consist chiefly of fat (butyroid matter). It also contained an abundance of epithelial debris, and here and there granular masses (probably caseous) and minute crystalloid particles (fatty acids, etc.). The tumor was freely incised at the most depending of the two fluctuating portions. About five ounces of butyroid material was evacuated. The indurated portion of the gland still retained its hard nodular feel. On exploring the cavity with the finger, the wall on the tegumentary side was found smooth and supple, while on the glandular side it was as hard as cartilage and presented numerous secondary cavities of various dimensions. The walls of the secondary cysts were for the most part rough, and incrustated with a material of almost calcareous hardness.

Two or three drachms of hardened cheesy matter were removed by the use of the curette. Little or no pain was occasioned by this procedure. The complete evacuation of the cyst by this means, however, was found impossible. Gritty particles could still be felt imbedded in the cyst-walls after prolonged curetting. These were left to be thrown off by suppuration. The cavity was washed out with carbolyzed water and packed with marine lint; was redressed daily in like manner for nearly a week. Suppuration then being active, a drainage tube was substituted for the packing. Cheesy particles appeared in the discharge, for two or three weeks. The cyst cavity gradually became smaller, was reduced to a fistula with two or three ramifications by the end of a month, and wholly closed in about five months after the evacuation of its contents. Stimulating injections of strong tincture of iodine and of a two drachm solution of nitrate of silver were several times employed during that period. After the removal of the drainage tube, the mouth of the fistula was kept open by the use of a tent. The fibrous hardness at the seat of the cyst remained unchanged at the last examination.

On Some Forms of Dilatation of the Colon, Specially in Reference to the Diagnosis of the Affection.

Dr. Henry Kennedy thus summarizes his article on this subject in the *Med. Press and Circular*, August 22, 1883:

1. That dilatation of the colon, whether caused by impacted feces or otherwise, is of frequent occurrence.

2. That this state is always accompanied by impaired health, and may give rise to symptoms referred to the head, chest, abdomen, etc.

3. That it is a state which may be readily overlooked, as some of the cases detailed this evening clearly prove.

4. That, nevertheless, the diagnosis can be made during life.

5. That the diagnosis turns on the presence of chronic tympanitis, usually slight in character, together with fecal discharges which never are normal, and are one or more in the twenty-four hours.

6. That diarrhoea, acute or chronic, or dysentery, are common attendants on dilated colon.

7. That this state of the colon is frequently attended by ulceration on the mucous surface, which has led in many instances to perforation of the bowel and death.

8. That the prognosis should ever be most guarded.

9. That treatment may afford marked relief, and so prolong life, but that a complete cure can scarcely be expected.

The Treatment of Hodgkin's Disease.

After detailing some cases in the *American Practitioner*, Dr. J. C. Mackenzie thus concludes:

"The treatment in these cases which I have reported seems to have been quite ineffectual. Such has been the result generally, for, though under certain plans of medication, cases have recovered, yet these same means employed by other physicians have been found utterly useless. In estimating the value of any line of treatment in this affection, it should be recollected that in some cases, even when under no treatment, there will be protracted periods when the pathological process seems to be quiescent, and there may be improvement, as indicated by diminution in the size of the glands and a better condition of nutrition of the body generally, but after a time the disease resumes its course and the patients succumb; so that before any favorable conclusion can be arrived at as to the beneficial influence of any course of management, the case should have been under observation for some length of time. We may therefore conclude that while some cases of cure have been reported under the action of phosphorus, arsenic, iodine, various mineral baths, etc., these are isolated cases, and in the vast majority of patients afflicted with this disease, the progress is steadily toward a fatal termination, uninfluenced by the various measures adopted for their relief."

The Treatment of Insomnia.

Dr. Thomas Legaré, of Charleston, read a paper on this subject before the South Carolina Medical

Association at its last meeting (Transactions) which concludes as follows:

First. Retire early to bed; two hours' sound sleep before midnight are of more benefit to the body than double the number of hours in the day.

Second. Eat little, and always some hours before going to bed; cold food only should be taken for supper.

Third. The cares and burdens of the mind must be put aside; none should be carried to bed with us. Never read or study in bed.

Fourth. Our bed-chamber should contain pure, sound air, and be roomy and high if possible, and the windows should be always kept open, except in the night time.

Fifth. When in bed, endeavor to lie horizontally, with the head slightly raised. If there is any forced or constrained posture, making the body form an angle, circulation in the stomach is checked, and a free and uninterrupted circulation of the blood is defeated.

Sixth. It is improper to have a light burning in the bed-chamber during the night; our senses should not be acted upon by external impressions.

Lastly. Endeavor to sleep not less than six, nor more than eight hours in the twenty-four; and we would endorse the well-known motto,

"To go early to bed, and early to rise,
Will make a man healthy, wealthy, and wise."

A Remarkable Case of Ascites.

The *Med. Record*, August 18, 1883, says that Dr. Antonio Lanini relates in *Lo Sperimentale*, vol. li., No. 1, a case of ascites occurring in a man thirty-four years of age, in which paracentesis was performed ninety-two times from April, 1878, to December, 1882. During this period over three hundred and eighty gallons of fluid were withdrawn from the abdominal cavity without any apparent loss of strength on the part of the patient. The cause of the ascites was not clear, for careful examinations made immediately after the removal of the fluid could detect nothing abnormal in the abdomen. There were no signs of obstruction to the portal circulation, and the normally secreted urine contained no albumen. The author thinks that there was an irritable condition of the peritoneum, resulting from an inflammation of this membrane, from which the patient suffered in 1878. There had never been any fever since the subsidence of the peritonitis. Diuretics, cathartics, counter-irritation, diaphoretics, strong compression of the abdomen, all were tried without success. This patient was related to another

man, also under Dr. Lanini's care, on whom, in the course of twenty years, phlebotomy had been performed five hundred times, and cupping thirty times, besides the application in the intervals of two thousand leeches.

Disguised Syphilis.

Some time ago we published an editorial on this subject, in which we took the ground that syphilis might be conveyed to the most unlikely subjects in such insidious ways, that we should always be on the lookout for it whenever we have any obstinate trouble that might by any possibility be referred to it as a cause. Our advice receives additional confirmation from a case reported in the *Southern Clinic*, September, 1883, by Dr. C. A. Bryce. A sore appeared on the lip of an apparently healthy man, in whom no history of syphilis could possibly be elicited. In spite of all treatment, it increased in size, until epithelioma was diagnosed by several surgeons, and the knife was resorted to. Subsequently, constitutional syphilis was unmistakably manifested. The patient then, for the first time, recalled the fact that a week or two before his fever blister troubled him, he had been on a pleasure sail with three other companions in a small boat, and they had a small flask of spirit along, out of which they all drank, one after another, and he having charge of the helm of the boat generally got the last drink; upon further inquiry, it was ascertained that the party who drank just before the patient was suffering from constitutional syphilis at the time.

Bichloride of mercury was given, and he was kept upon it until he was a well man in every particular.

Remarkable Effects of Massage on Gastric Assimilation and Nervous Debility.

After reciting some illustrative cases in the *Lancet*, June 2, 1883, Dr. J. Beresford Ryley says:

"I feel that it would be wearisome to reiterate the history of all the cases that I have treated in this way; and so will content myself by expressing an opinion, founded on them, that in all cases of functional nerve prostration, and its various morbid consequences, massage will seldom fail to effect a rapid cure, and that its influence upon the assimilative and digestive functions of the stomach is especially remarkable; its effectiveness in other forms of disease has yet to be proved, but I am inclined to think that its application will have a much wider range than has at present been assigned to it, and that it will be supplementary to other treatment in most cases where long-con-

tinued rest is necessary. I am employing it at the present moment in this way with great advantage, in a case of fibroid degeneration of the uterus, with severe and long-standing menorrhagia. The marked anæmia is rapidly improving under its influence, the flesh becoming firmer, and the appetite and digestion greatly increased. It appears to do good also in another way—namely, by employing the patient's mind, and thus relieving the monotony of the recumbent position when long maintained."

How to Examine the Insane.

In the *Am. Jour. of Neurology and Psychiatry* for May, 1883, Dr. E. C. Spitzka concludes an article on this subject with the following wise advice:

"In his demeanor toward all patients, the examiner should be gentle, yet firm. He will find the skill of a cross-examining lawyer or of a detective very useful, particularly in his inquiries of members of the family in whose statements the truth is sometimes difficult to winnow from the fancies of the laity; but his behavior should never approach that of the members of either of these professions. There is a popular delusion that the human eye has an influence over the insane similar to that claimed for the same organ over wild animals; a delusion that the writer has known the insane themselves to ridicule, and which he who attempts to utilize will learn to recognize the absurdity of at the first attempt. An overbearing, haughty demeanor, a patronizing, condescending air, and sidgetiness, are all equally to be deprecated, because they will all equally tend to defeat the purposes of an inquiry. He who has the characteristics necessary to constitute a member of a learned profession will require no stage effects to aid in the accomplishment of a serious inquiry; he needs but to act perfectly naturally, that is, with earnestness and scientific purpose."

Animal and Human Vaccine.

The *Med. Press*, August 8, 1883, says that the Académie de Médecine in 1870 instituted an inquiry as to the relative value of vaccine taken direct from the cow and that taken from the child, or animal and human vaccine, the result of which was the unanimous opinion that animal vaccine was decidedly inferior when kept for some time, as its power of transmission was considerably weakened. M. Blot has addressed a report to the Government on the subject, in which he cites a case which leaves the question without any doubt. It appears the Académie sent out to a doctor practising in the Ile de la Réunion a cer-

tain number of tubes of animal and human vaccine. Inoculations were made with both kinds on persons never previously vaccinated. All the vaccinations practiced with the animal vaccine failed without exception, whereas all the other were successful. Consequently, if, according to M. Pasteur, the active principle of the vaccine is to be attributed to little organisms, it must be inferred that the contents of these vesicles is a liquid unfavorable to the culture of the microbes.

The Treatment of Pellois Rheumatica.

Dr. McCall Anderson thus concludes a lecture on this subject in the *Brit. Med. Jour.*, June 9, 1883:

In our treatment of it, therefore, we must pay great attention to the general health, and especially to the state of the digestive organs, rectifying, by means of careful dieting and medicine, any derangement which may be present. When this has been done, and the affection persists, we may try a course of turpentine, in doses of ten to thirty minims on sugar three times a day, or of liquid extract of ergot (in doses of half a drachm every four hours), on the principles of contracting the small blood-vessels of the skin. In very chronic cases, arsenic may be administered, either internally or by subcutaneous injection. From this, it will be seen that we do not agree with Hebra, who wrote: "We have no means either of shortening its course, or of preventing the possibility of its ending in death. * * * And, since the pains experienced demand some treatment, even before a diagnosis can be made, there is no doubt that, in every case, something will be prescribed by the physician, and as little that the subsidence of the pains which follow will be regarded as the effect of the prescription."

Cancer of the Male Breast.

Mr. W. Roger Williams reports a case in the *Med. Press*, July 11, 1883, that occurred in the Middlesex Hospital, London. The patient was sixty-four years of age; there was no family history of cancer, tumor or phthisis, and it was not of traumatic origin. After operation, erysipelas set in, and the man died on the nineteenth day with pulmonary complications and an asthenic type of fever.

Cancer of the male breast is a very rare affection. Walshe found (*vide* "Nature and Treatment of Cancer," 1846, p. 467) that the Paris registers for ten years supplied 1,147 deaths from cancer of the breast among the female population, and only five among males—the liability of the

former being, therefore, about 230 times that of the latter. Sir James Paget, however, in his "Lectures on Surgical Pathology" (vol. ii., p. 324), gives two per cent. as about the proportion of cases of scirrhus of the breast that are males. I think this latter estimate greatly exaggerates their frequency. Out of 297 cases of cancer of the breast admitted into the Middlesex Hospital during the last eight years, there has not been another example of this kind.

Typhoid Fever and Pregnancy.

Dr. Martinet thus concludes a paper in *L'Union Med.*, Nos. 52 and 53, 1883:

1. Typhoid fever is rare in pregnant women.
2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy.
3. The lightest forms may produce abortion.
4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever.
5. Puerperal accidents are the exception.
6. The immediate causes of abortion are unknown; elevated temperature, active or passive, uterine congestion, and changes in the blood, although seemingly the most probable, cannot be regarded as the causes in all cases.
7. The treatment for the fever and the miscarriage is the same as for each condition alone.

A Novel Laryngoscope.

Dr. Thomas Dimock, of New York city, recommends the following procedure in the *Therapeutic Gazette* for July, 1883:

Bring the patient near a good light of any kind, and after the mouth has been opened, place on the tongue a depressor, then request the patient to yawn. The larynx will immediately rise up, and every part necessary to be seen will be brought fully into view. The nose should be held, as this compels breathing through the mouth. Thus the velum pedulum palati is raised, the anterior and posterior pillars become widened, exposing the back of the tonsils and pharynx. The tongue must be pressed downwards very gently, as it always resists harsh treatment.

Treatment of Diabetes.

In the *Detroit Lancet*, September, 1883, Dr. O. C. Knight says:

"For the past eight years I have been experimenting in the cure of diabetes. 'Citrate of soda,'

in daily doses of half a drachm to one drachm, is an excellent remedy in this disease. It has been shown by analysis, that sugar disappears from the urine when this salt is used with the food instead of common salt. I have also found out that the alkaline salts of organic acids, when given in doses too small to produce purgative effect, are absorbed, and their acids being burnt up and destroyed in the respiratory process, are eliminated by the urine as carbonates. Hence 'citrate of soda' may, without interfering with the gastric acid in the same way as alkaline carbonates, place the system under the influence of an alkaline carbonate, which is indispensable to the interstitial combustion of the glucose of the food."

Tetanus Following Miscarriage.

Dr. John Neff reported this case to the Baltimore Medical Association (*Maryland Med. Jour.*, September 8, 1883):

The patient, who was an Irish woman, aged thirty-eight to forty years, and a hard drinker, was three months advanced in her pregnancy. She got along well after the miscarriage, and came down stairs on the second day. On the ninth day she went out in the yard, the weather being rather cold. On the tenth day she complained of stiffness of the jaws, followed by a similar condition of the cervical and spinal muscles and tetanic convulsions. Death took place on the thirteenth day after miscarriage. The treatment embraced cannabis indica, bromide of potash and chloral, and hypodermic injections of morphia; the last seemed to give more relief than anything else. Her mind was clear up to just before the end. There was no apparent cause for the tetanus, no retained placenta or membranes.

The Application of the Galvanic Current to the Dura Mater.

A large hole in the right parietal bone afforded to Dr. Sciamanna, of Rome, (*London Med. Record*, July 15, 1883,) the opportunity of applying the galvanic current to the dura mater. Two zones were distinguished: one not giving any response to stimulation; the other, when stimulated, giving rise to motor phenomena. After death, it was found that the convulsions experimented upon were the ascending parietal, the ascending frontal, and the superior temporo-sphenoidal. The results corresponded pretty closely with those obtained by Ferrier in monkeys.

The Prevention of Cholera Infantum.

Before the late meeting of the Medical Society of the State of Virginia, Dr. S. K. Jackson, of

Norfolk, said that he had never had a case of this disease in his practice, since he had commenced the use of the following preparation. He gives to any child that is liable to contract the disease: sulphite of soda, hyposulphite of soda, bicarbonate of soda, each 32 grains, aromatic syrup of rhubarb 2 ounces. One teaspoonful or less, according to age, every two hours each morning, until two or three doses are taken.

Alcohol in Pneumonitis.

Dr. G. G. Buford contributes an article on this subject to the *New Orleans Med. and Surg. Jour.*, September, 1883, which thus forcibly concludes:

"Give your patient plenty of alcoholic stimulants, varied as occasion demands. Give it with the food. Give it with the liquids imbibed. Give it at regular intervals, and in doses to suit the age of the patient. Give that form that you can know contains a constant quantity of alcohol, and the most nourishment. Then, with proper hygienic surroundings, you come nearest following out the indications of nature, and gain the best possible results."

Prevention of Pitting in Small-pox.

We take the following from the *Polyclinic*, August 15, 1883:

Schwimmer recommends the local application of carbolic acid and thymol. He prescribes as follows:

R.	Acid carbol.,	3j.
	Ol. oliv.,	3viij.
	Cretæ. prep.,	3iss. M.

Or,

R.	Thymol,	3j.
	Ol. lini.,	3viij.
	Cret. prep.,	3iss. M.

Neuralgia of the Anus.

Dr. A. S. Myrtle (*Brit. Med. Jour.*, June 2, 1883,) describes this condition as follows: The patient will go to bed well, and awake at any hour with a gnawing, grinding pain in the sphincter, which, gradually increasing in intensity, becomes very severe, and then gradually passes off without treatment. It can be at once relieved by the application of warmth.

The Feeding of Infants.

Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the *Brit. Med. Jour.*, June 30, 1883, he says that for thirty-three years he has used the sugar of milk with the best results.

Salt-water Excursions for Asthma.

As a result of personal experience, Professor Mûnter (*St. Petersburger Med. Woch.*, June 9, 1883) recommends excursions of three or four hours daily upon salt water, as of the greatest value. Those of us near the sea-coast can easily give this simple and pleasant remedy a trial.

Primary Pneumonia a Complication of Septicæmia.

Dr. H. McNaughton reports a case in the *Canada Lancet* for June, 1883. The patient recovered. The treatment consisted in the application of warm poultices to the chest and affected parts, and the free use of quinine, muriated tincture of iron, and chlorate of potash.

Syphilis and Aneurism.

Apropos of the vexed question whether or not syphilis predisposes to aneurism, Dr. Charles H. Knight discusses the subject in the *Archives of Medicine* for June, 1883, and concludes in the affirmative.

Ergot in Delirium Tremens.

A Russian physician has accidentally noted these good effects. He gives ergotin in doses of one to one and a half grains, and attributes the benefit to the action of the drug on the cerebral vessels.

CORRESPONDENCE.

A Just Criticism.

EDS. MED. AND SURG. REPORTER:—

It has often been to me a matter for surprise why physicians as a class should seem so indifferent to imparting the information gained by experience and observation. We find men in the city and country of twenty and thirty years' practice, who have contributed nothing to our journals for the benefit of the profession. I am sure this is from no selfish motive, for there is no class of men who make greater sacrifices in every way, nor who are more willing to do for the good of their fellow-men. It cannot be for want of proper intelligence to make known what they have learned, for you will find this rule to hold good against some of our most intelligent members. Look at our journals, and do you find them filled with articles from members of the profession whose experience and intelligence give weight and influence? Is not this rather an exception than a rule? What the busy practitioner wants is something practical, that he can take to the bedside of his patient with the assurance from experience of himself or some member of the profession of giving relief. Every physician, when he finds from experience something good, that may prove beneficial to his fellow-men, should ask himself the question, whether he has

the right as a philanthropist, as a representative of the high and noble calling entrusted to him, to withhold this remedy and let it go down to the grave with him to be forever forgotten.

I once asked an old and intelligent physician if he was a subscriber to a certain medical journal. He said no; the medical journals were so filled by theoretical and speculative articles written by men mostly of little experience, that he had lost nearly all interest in them.

Meet one of our old country doctors in consultation, or enter into conversation with him, and you will rarely leave him without learning something useful which he has gained by experience. The junior members of the profession are too much inclined to ignore these practical experiences of their seniors when they first start out, but they often find from sad experience at the bedside that theory is not as comforting as demonstrated facts.

If our journals wish to make themselves useful as well as interesting and popular, it is this class of information they should seek—the hidden treasures of the older members of the profession, before it is buried beneath the sod never to be resurrected. What proportion of the profession when they get their journals take sufficient interest in these long theoretical articles to read them? They may do for professors and men of means, and leisure, who have time to devote to such things, but the man of everyday life, whose duty calls him day and night to administer to the alleviations of the suffering, wants something tangible that he can carry into the sick-room.

By way of illustration of what has been written, I will give a little incident that occurred to me a few nights since. I was called very hurriedly to visit a bride who had been married but a few days. When I entered her chamber her husband met me in great distress, and said his wife was dying. I approached the bedside, and found her lying on her back with her eyes closed and apparently not breathing. I examined the pulse and found it about normal, temperature good, color of lips natural. I took hold of her nose and compressed it so she could not breathe through it. After holding it awhile, she threw her hands up, drew a long breath, opened her eyes, and looked at me. I told her husband all was right, and walked out, and she had no further trouble. I saw it was a case of hysteria, and have frequently used the same means in other cases with like results, giving sometimes afterwards bromide and valerian, etc.

Staunton, Va.

B. P. REESE, M. D.

Two Cases of Caruncle of the Female Urethra.

EDS. MED. AND SURG. REPORTER:—

Case 1. Mrs. G. S., a lady of about 30, consulted me on July 6 concerning a pain which she had been having for five years. The symptoms in her case were a constant suffering increased upon the slightest bodily exertion and during micturition; sexual intercourse was also almost intolerable. Upon examination, I found a pale growth at the orifice of the urethra. Removal was at once decided upon. After thoroughly etherizing the patient, I attempted to remove it by cutting, but found the mass so friable that the for-

ceps would not hold. I therefore scraped it away, and applied nitric acid thoroughly: and now, after two months, there is not the slightest trace of the trouble or any of the symptoms left, and the general health has greatly improved.

Case 2. Mrs. M. S., aged 48, came to my office, suffering, as she supposed, from womb disease. An examination with a speculum, however, showed a healthy womb with the exception of a slight irritability, and as I could not find any disease in that region, I asked her to call again at a time when she was suffering pain. She called again on August 20, when upon attempting a digital examination, I found the disorder. The tumor, which extended within the meatus, was of a florid color the size of a large pea, and so sensitive that the slightest touch caused excruciating pain. The symptoms in the case were as follows: there were bearing down pains at times so great that there was prolapsus of the womb, voiding urine was always attended with suffering, exercise increased the pain to such an extent that she would keep her bed for days at a time; there was also hyperaesthesia of the abdominal walls, and in the last paroxysm there was a discharge of blood, probably half an ounce. After etherization I removed the growth with forceps and scissors, after which I cauterized with nitric acid. There has been no return of any of the symptoms since the operation, and the uterine supporter, which was constantly worn has been laid away as a remedy of the past.

N. C. MILLER, M. D.

Stroudsburg, Pa.

Moral Responsibility in the Case of Monstrosities.

EDS. MED. AND SURG. REPORTER:—

A correspondent at Ossian, Ia., asks in the REPORTER of September 15, information regarding the moral and legal responsibility of the accoucheur in cases of monstrosities, and makes the statement that an old practitioner informed him that his practice in such cases was to destroy life at once.

It is difficult to conceive how it can be questioned that however much they may vary from the human form, monstrosities are human beings after all—human in conception and intra-uterine existence certainly, and why not afterward? And if so, why are they not entitled to the protection of law, both human and divine?

If the author of life has permitted those physical laws, which govern the formation of the body, to be suspended in a particular number of cases, what individual has the right to call in question the wisdom that has so ordered it, and attempt to thwart whatever design may have prompted it?

If the converse were accepted by the profession as the legitimate course to pursue, and "the old practitioner's" custom endorsed, who would decide what constituted the degree of monstrosity sufficient to warrant its destruction? What amount of cerebrum must be wanting? How much deformity of body must exist? Such very important questions must necessarily be left largely to the discretion of the medical attendant to determine at the time.

If the amount of intelligence and future usefulness of a deformed infant can thus be decided under the excitement and in the confusion of the sick room, and no crimes be committed, certainly

deliberative medical Boards might be constituted to examine idiots and old, worn-out useless people, who would never be anything but a charge to their friends or a burden to society, and consign them to the same fate that awaits the old practitioner's monstrosities in Ossian.

Such a course, it is conceded, would be a material benefit to the world, and relieve friends of much care and annoyance, but its mere statement is so revolting that no argument is required to show its immorality, but the same argument that would justify the one procedure warrants the other.

Better that the physician be guided in this, as in all other ethical matters, by a high sense of moral obligation, and in spite of the solicitations and advice of interested parties, conserve the life he may take but cannot give, and leave results in other hands.

Surely no moral turpitude can attach to such a course, and the assurance that the life of most monsters that would be shocking to the senses, such, for instance, as the acephalous ones, are limited to a few hours or days at most, will usually quiet the apprehensions of the patient and her friends, and relieve the medical man from, at times, an embarrassing situation.

A SUBSCRIBER.

Meadville, Pa.

NEWS AND MISCELLANY.

The Origin of the Croonian Lectures.

From the *Boston M. and S. Jour.*, we note the following:

The Croonian lecture was founded by Lady Sadlier, in fulfillment of a plan of her former husband, Dr. Croone, one of the founders and the first registrar of the Royal Society. By her will, made in 1701, she devised "one fifth of the clear rent of the King's Head Tavern, in or near Old Fish street, London, at the corner of Lambeth Hill, to be vested in the Royal Society for the support of a lecture and illustrative experiment on local motion." For many years past there has been no formal delivery of the lecture. The council of the Royal Society select from the papers presented to them during the preceding twelve months that one dealing with animal motion which they think most noteworthy, and publish it as the Croonian lecture, sending to the author the sum derived from Lady Sadlier's bequest. The amount of money is trivial, but the appointment as Croonian lecturer is a highly-prized distinction. The paper by Professor Martin, which is to be printed as the Croonian lecture for 1883, is on the Effect of changes of Temperature on the Beat of the Heart. It is interesting to note that the first Croonian lecture, delivered by Dr. Stuart, in 1738, was on the Motion of the Heart.

Condensed Milk as Food.

The committee appointed by the French Society of Hygiene arrive at the following conclusions:

1. Condensed milk containing sugar, diluted with twice or four times its weight of water, may

be considered as an article of food, and in some cases would prove useful.

2. Artificial milk thus prepared is incontestably inferior to good cow's milk. It is a healthy article of food, but only slightly nutritive.

3. The directions given in the prospectus are calculated to mislead the public. Condensed milk, diluted with from six to ten times its weight of water, cannot be classed as an article of food.

4. Newly-born infants, which have been suckled for three or four months, may be weaned and fed with good cow's, goat's, or ass's milk, not mixed with water, and given in sufficient quantity. Condensed milk containing sugar, diluted with from two to three times its weight of water, may form part of the daily nourishment of such children; but it would be certainly imprudent to use it alone.

To Preserve Eggs.

The *Drug. Cir. and Chem. Gaz.*, May, 1883, says that R. W. W. (Three Rivers, Canada,) gives the following information: For preserving eggs, take of:

Freshly slaked lime,	1 pint.
Salt,	$\frac{1}{2}$ "
Soft water,	3 gallons.

Dissolve the salt in the water, and add the lime. When placing the eggs in this fluid, be sure that the lime is in suspension, so that it may be deposited around the shell. Another good precaution is to place some extra lime on a board, and lay it on top of the eggs, so as to keep the upper portion of the fluid well saturated with lime. Fresh eggs will remain perfectly good for twelve months and more in the mixture, if kept in a cool place. I may say that a "poor" egg will not sink in the liquid, and if any should get injured, owing to heat, it will rise to the surface.

Something New in Syphilography.

The following curious tale comes from the wilds of Australia, and is reported in the correspondence of a recent issue of the *Gazette Hebdomadaire*:

An individual named Sutton had long lived with a native tribe called the Swarka; he was considered and treated as one of themselves, and had become, as it were, a member of the tribe. For some reason or other he left them, established himself on an island, and when the tribe sent a deputation to invite him back, he was so unfriendly as to fire upon them, whereupon they captured him, and, following their customs, devoured the body. But, unfortunately for the poor savages, Sutton was syphilitic, and several of the warriors died poisoned.

The Sewerage of Denver.

In the *Denver Medical Times*, August, 1883, Dr. Philip F. Weigel says:

"Here in Denver, where our soil is of a highly porous nature, and where the rapid absorption of sewage and waste-water has been going on for a number of years, our wells in many places are but cesspools, from which our people drink the cup of death. It is high time to awaken to a knowledge of our danger. The imperfect sewers of Denver are inadequate for quickly removing

the excreta; decay will set in and bring about disastrous results, that can yet be averted by an early adoption of the tank system."

A Good Opening for Doctors.

According to a correspondent of the *Medical Times*, there is in Japan only one licensed physician to about every 22,000 of population.

Errata.

On page 333 of issue of September 22, the words "freedom of contact," in the upper paragraph, should read "freedom from contact."

Items.

—It is proposed to establish in Montreal a *Journal of Hygiene*, to be the organ of the Canadian Sanitary Association.

—In the *Med. Press and Circular*, September 5, 1883, Dr. Walter May reports a case of hydrophobia occurring 450 days after the bite. It terminated fatally.

—*Gaillard's Medical Journal* has returned to its old monthly form. The change was made at the request of many subscribers. It is now the only monthly medical journal published in New York.

—Lord Sandwich once asked Foote whether he expected "to die from disease or the gallows?" "That depends," said Foote, "on whether I first embrace your lordship's mistress or your principles."

—A few crystals of chloral hydrate rubbed on utensils which have the odor of valerianate of ammonia is said by a correspondent of *New Remedies* to be very effectual in removing the odor.

—A Western paper says: "Sam Weldon was shot last night in the rotunda by Henry Parsons." About the worst place a man can be shot, next to his heart, is in the rotunda. It invariably proves fatal.—*Norristown Herald*.

—*New Remedies* says: From twenty to twenty-five per cent. of tartaric acid added to quinine, cinchonine, or cinchonidine salts, and the mixture moistened with water, will form a mass which will give small and easily soluble pills.

—Most of the modern hospitals in India are lined with the smooth and "washable" substance known as chunam (mortar made with lime produced from a small shell, and varnished). The nearest approach to it with us is the glazed tile, that ought to be in more general use.

—"Well," remarked a young M. D., "I suppose the next thing will be to hunt out a good situation, and then wait for something to do, like Patience on a monument." "Yes," said a bystander, "and it won't be long after you do begin before the monument will be on the patients."

—A second-year medical student who devoted himself to the dissection of a defunct dude, was struck with the number of homologues which he discovered. It was now suggested that the dude is the long-sought-for missing link, the absence of which has always been the weak spot in the Darwinian theory.

—The *Medical Herald*, September, 1883, says: If people drank less tea and ate less confections and pastry, taking instead raw onions, fresh meats, and plain vegetables, the neuroses would be lessened both in frequency of occurrence and severity of type. The so-called strumous diathesis would become more rare, and there can be little doubt a general increase in physical and mental development would be observed among our people.

OBITUARY NOTICES.

L. F. PELTON, M. D.

Louis F. Pelton, M. D., died at his residence in Mount Kisco, N. Y., September 17, 1883. He had been a practicing physician for twenty-five years. He was a member of the Westchester County Medical Society. He was also one of the charter members and the first Master of Kisco Lodge, No. 708, F. and A. M., of Mount Kisco. At the breaking out of the rebellion Dr. Pelton was appointed an examining surgeon under Capt. Pierson, the Provost Marshal. He held several political offices, among them those of Supervisor of the town of Bedford, and Coroner of the county. He leaves a widow and two sons.

SYLVESTER F. MIXER, M. D.

Dr. Sylvester F. Mixer, a well-known physician of Buffalo, died September 17, 1883, at his home in that city. Dr. Mixer was born in Morrisville, Madison county, N. Y., December 27, 1815. He graduated from the Medical Department of Yale College when twenty-six years old, and immediately began the practice of his profession in Buffalo. Six years later, he took the degree of M. D. from the College of Physicians and Surgeons, in New York city. He was a prominent member of the Buffalo and Erie County Medical Societies and the American Medical Association, and was President of the Buffalo body in 1852. From 1858 to 1874, Dr. Mixer was Attending Physician to the Buffalo City Hospital. He then became Consulting Physician to the same institution. Dr. Mixer was married in 1853 to a daughter of Dr. Perrin Knowlton, of Cincinnati.

MARRIAGES.

BLEYER—FLOERSHEIM.—At the residence of the bride's parents, in New York, on Tuesday, September 18, 1883, by the Rev. Dr. Huebsch, Dr. J. M. Bleyer and Rosalie, only daughter of I. Floersheim.

BURCH—SLOANECKER.—In Jersey Shore, Pa., September 13, 1883, by the Rev. Joseph Stevens, T. Hamilton Burch, M. D., of New York city, and Martha A. Sloanecker, of Jersey Shore.

MCCLANAHAN—HOLLOWAY.—Near Alexis, Warren county, Illinois, September 6, 1883, by the Rev. J. T. Whittemore, Dr. Harry M. McClanahan, of Woodhull, and Miss Nellie E., daughter of Robert Holloway, Esq.

THOMPSON—LAWRENCE.—In New York, on Tuesday, September 18, 1883, by the Rev. Dr. Tuttle Smith, Dr. Bevennont Thompson and Mrs. Julia De Wint Lawrence, daughter of the late J. De Wint Hook.

DEATHS.

PELTON.—At Mount Kisco, N. Y., Monday, September 17, 1883, L. F. Pelton, M. D., aged fifty-five years.

WADDELL.—In Staunton, Va., July 23, 1883, Dr. J. Alexander Waddell, in the sixty-sixth year of his age.